

**THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

NEREIDA MENDEZ,

Plaintiff,

v.

Case No. 04 C 4159

DENTISTS, P.C., DENTAL PROFILE,
LTD., PERLA DENTAL, DENTAL
PROFILE,

Honorable Judge Der-Yeghiayan

Defendant.

**PLAINTIFF'S RESPONSE TO MB FINANCIAL'S
MOTION TO QUASH CITATION GARNISHMENT FOR
DEFENDANTS' FUNDS HELD IN ANOTHER ACCOUNT (DOCKET # 286)**

Plaintiff/Judgment Creditor, Nereida Mendez, ("Plaintiff"), by and through her undersigned attorneys, respectfully files this response to MB Financial Bank's motion to quash Citation Garnishment for funds belonging to Defendants, but which are being held under an account name of AYA Dental. In support, Plaintiff states as follows:

1. On April 27, 2007, this Court entered a judgment in the amount of \$781,181.25.

2. The judgment has not been satisfied. Ms. Mendez has yet to recover the judgment entered on April 27, 2007 due to the legal maneuvering of Defendants who have filed post-trial motions; an appeal; and bankruptcy petitions, which have been

dismissed with the bankruptcy court finding that the bankruptcy petitions were filed solely to delay the collection of the judgment.^{1/}

3. On or about June 18, 2010, Plaintiff Mendez served a citation garnishment on MB Financial for funds held in the account name of AYA Dental that belong to Defendants, the judgment debtors.^{2/} Plaintiff learned in the bankruptcy proceedings that Defendants are holding their funds under an account name of AYA Dental. Defendant judgment debtors filed before the bankruptcy court various Summary of Cash Receipts and Disbursements, all of which show that the Defendants/Debtors are holding their bank accounts in the name of AYA Dental. (*See, e.g.*, Group Exhibit 1, Docket ## 55-63.)

4. On July 3, 2010, MB Financial filed a motion to quash the Citation Garnishment, presumably not knowing that Defendant judgment debtors filed the above documents with the bankruptcy court, admitting that they were holding funds of Defendant judgment debtors.

5. MB Financial erroneously argues that Plaintiff is seeking to discover assets of AYA dental, which is not the case. In fact, Plaintiff is seeking to discover and garnish “any and all accounts and property you may hold belonging to, held in part by, or for which any deposits and/or transactions were made DENTISTS, P.C., DENTAL

^{1/} The bankruptcy court is currently hearing testimony on a continued hearing for sanctions against Defendants, Dr. Aldairi, and their counsel.

^{2/} “Aya” is Husam Aldairi’s daughter’s name. Husam Aldairi is the sole owner and sole shareholder of Defendants. Aldairi is the sole representative of Defendant judgment debtors.

PROFILE, LTD., PERLA DENTAL/DENTAL PROFILE. Funds for these entities are being held under the account name of AYA DENTAL” As reflected above, Defendants admitted before the bankruptcy court in their filings of their Summary of Cash Receipts and Disbursements that they were holding all of their funds in the account name of AYA Dental. (*See* Group Exhibit 1.)

6. “[T]he statute[,735 ILCS 5/2-1402(f)(1)], does not state that the funds must be the property of the judgment debtor when transferred, as it specifically references assets ‘belonging to the judgment debtor *or to which he or she may be entitled* or which may be thereafter acquired by *or become due* to him or her. . . .’” *Citizens Financial Services v. Atlas Financial Corp.*, 2003 WL 21294907, at * 3 (N.D.Ill. Feb. 19, 2003) (citing 735 ILCS 5/2-1402(f)(1)). Nor does the statute specify that the funds must be transferred from the judgment debtor’s accounts, as it instead reads “any transfer” of assets. *Id.* Therefore, Plaintiff’s citation should not be quashed because it is clear that the funds and bank accounts of Defendant judgment debtors are being held in the name of AYA Dental, based on Defendants own admissions before the bankruptcy court.

7. Furthermore, Supreme Court Rule 277 dictates that a proceeding “may be against * * * *any third party* the judgment creditor *believes* has property of or is indebted to the judgment debtor.” Here, it is not simply a “belief” that MB Financial holds property of the judgment debtors in the account names of AYA Dental, but it is

confirmed through the Summary of Cash Receipts and Disbursements filed by Defendant judgment debtors before the bankruptcy court. (*See* Group Exhibit 1.)

8. In *Citizens Financial Services*, money of the defendant debtors was “transferred from an account at Bank One to an account belonging to Peterson at Community Bank of Lemont.” The district court held that “[a]s such, no dispute exists that Bank One made and allowed a transfer of funds which one or more defendants had become entitled to. This clearly falls within the statutory language of the Illinois statute.” Therefore, the district court granted the plaintiff’s motion seeking an order directing Bank One to pay \$35,000.00 to Citizens Financial because Bank One transferred such funds to one or more of the defendants. 2003 WL 21294907, at * 3. Similarly, here, it is clear that Defendant judgment debtors’ funds are being held, and were transferred, to an account belonging to AYA Dental, and as such should be turned over to Plaintiff pursuant to the citation garnishment.

9. Even if Plaintiffs did not have the benefit of Defendant judgment debtors’ filings in the bankruptcy court, it would be error for this Court to quash the citation. *See Regan v. Garfield Ridge Trust and Sav. Bank*, 617 N.E.2d 818 (Ill. App. 2 Dist. 1993) (holding trial court erred when it quashed judgment creditors’ citation to discover assets of third parties, based upon judgment creditors’ inability to specifically identify assets in hands of third parties prior to interrogation of third parties by judgment creditors). In *Regan*, the appellate court held that “it is apparent that, for purposes of an

initial citation to discover assets, a judgment creditor need not specifically identify the assets or income sought. Instead, the language indicates that the supplementary proceedings can be used against *any person to discover* a judgment debtor's assets or income." *Id.* *Regan* went on to note the joint committee comments, which indicate that the section "is designed to provide a statutory foundation for an efficient and expeditious procedure *for discovery of assets* and income of the judgment debtor and compelling their application to payment of the judgment or decree." *Id.* (citing Ill.Ann.Stat., ch. 110, par. 2-1402, Joint Committee Comments, at 862 (Smith-Hurd 1983)).

10. MB Financial's citation to *Lorillard Tobacco Co.* is inapposite here. The plaintiff Lorillard admitted that it was seeking assets of a non-judgment debtor. This is simply not the case here.

11. Here it is clear, and not an "unsubstantiated belief," as MB Financial argues, that such accounts *do in fact contain* assets of the Defendant judgment debtors. Therefore, MB Financial's motion to quash should be denied and the Court should enter a turnover order for the funds, as well as production of the bank records and bank statements for that account.

12. Because AYA Dental holds funds of Defendants, MB Financial is "prohibited from making or allowing any transfer of non-exempt property which was

due to defendants." *Citizens Financial Serv.*, 2003 WL 21294907, at * 3 (citing 735 ILCS 5/2-1402(f)(1)).

WHEREFORE, for the above stated reasons, Plaintiff respectfully requests this Court enter an order:

- A. Denying MB Financial's motion to quash Plaintiff's citation garnishment;
- B. Requiring MB Financial to turn over all funds in the possession of AYA Dental that belong to Defendant judgment debtors;
- C. Requiring MB Financial to produce all of the bank records and bank statements for that account; and
- D. Grant such other relief that is just and equitable.

Respectfully submitted,

NEREIDA MENDEZ

s/Dana L. Kurtz

Electronically filed on August 4, 2010

Dana L. Kurtz (ARDC# 6256245)
KURTZ LAW OFFICES, LTD.
414 South State Street
Lockport, Illinois 60441
Phone: 815.838.0968
Facsimile: 312.893.2239
E-mail: dkurtz@kurtzlaw.us

GROUP EXHIBIT 1

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: Dental Profile, Inc CASE NO. 08-17148

SUMMARY OF CASH RECEIPTS AND CASH DISBURSEMENTS

For Month Ending July 31,2008 DENTAL PROFILE

BEGINNING BALANCE IN ALL ACCOUNTS

0

| | Dental Profile | Corporate | Total |
|-----------------------------|----------------|--------------|--------------|
| RECEIPTS: | | | |
| 1. Receipts from operations | \$ 183,494.70 | | 183494.7 |
| 2. Other Receipts | | | |
| DISBURSEMENTS: | | | |
| Accountant Fee | \$ - | \$ 1,165.96 | \$ 1,165.96 |
| Advertisement | \$ - | \$ 178.71 | \$ 178.71 |
| association fee | \$ - | \$ - | \$ - |
| Attorney fee | \$ - | \$ 1,276.50 | \$ 1,276.50 |
| Auto | \$ - | \$ 226.81 | \$ 226.81 |
| Bank Fees | | \$ 573.57 | \$ 573.57 |
| car payment | \$ - | \$ 628.67 | \$ 628.67 |
| Computer | \$ - | \$ 1,148.85 | \$ 1,148.85 |
| credit card | \$ - | \$ 4,909.32 | \$ 4,909.32 |
| Dental supplys | \$ 468.44 | \$ - | \$ 468.44 |
| Healthcare | \$ - | \$ - | \$ - |
| Insurance | \$ - | \$ - | \$ - |
| Labaratory | \$ 7,843.18 | \$ - | \$ 7,843.18 |
| Loan | \$ - | \$ 11,139.26 | \$ 11,139.26 |
| Maintenance | \$ - | \$ 207.58 | \$ 207.58 |
| Medical products | \$ 18,914.98 | \$ 369.83 | \$ 19,284.81 |
| Misc | \$ - | \$ - | \$ - |
| Mortgage | \$ - | \$ - | \$ - |
| Office products | \$ 1,005.33 | \$ - | \$ 1,005.33 |
| Postage | \$ 1,428.80 | \$ 102.12 | \$ 1,530.92 |
| Printed supplys | \$ - | \$ - | \$ - |
| Refund | \$ - | \$ - | \$ - |
| Rent | \$ 25,500.00 | \$ 3,395.15 | \$ 28,895.15 |
| Ticket | \$ - | \$ - | \$ - |
| Transfer | \$ - | \$ - | \$ - |
| Utilities | | \$ - | \$ - |
| Alarm | \$ 165.00 | \$ - | \$ 165.00 |
| Cable TV | \$ 69.98 | \$ - | \$ 69.98 |
| drinking water | \$ - | \$ - | \$ - |
| Electricity | \$ 1,309.78 | \$ - | \$ 1,309.78 |
| Garbage & Recycling | \$ 408.33 | \$ - | \$ 408.33 |
| Gas & Electric | \$ - | \$ - | \$ - |

| | | | | |
|---------------------------------|----|-----------|-------------|--------------|
| Telephone | \$ | - | \$ 583.75 | \$ 583.75 |
| Water | \$ | 177.87 | \$ - | \$ 177.87 |
| Other Utilities | \$ | - | \$ - | \$ - |
| TOTAL Utilities | \$ | 2,130.96 | \$ 583.75 | \$ 2,714.71 |
| Wages & Salary | | | \$ - | \$ - |
| Bonus | \$ | 578.55 | \$ 153.18 | \$ 731.73 |
| Gross Pay | \$ | 560.00 | \$65,981.87 | \$ 66,541.87 |
| Overtime | \$ | - | \$ - | \$ - |
| Other Wages & Salary | \$ | - | \$ 198.48 | \$ 198.48 |
| ADP Fees | | | \$ 32.77 | \$ 32.77 |
| TOTAL Wages & Salary | \$ | 1,138.55 | \$66,333.53 | \$ 67,472.08 |
| TOTAL EXPENSES | \$ | 58,430.24 | \$92,239.61 | \$150,669.85 |

 TOTAL DISBURSEMENTS \$ 150,669.85
 NET RECEIPTS (DISBURSEMENTS) FOR THE CURRENT PERIOD \$ 32,824.85
 ENDING BALANCE IN _BROADWAY BANK 0
 (Name of Bank)
 ENDING BALANCE IN _____
 (Name of Bank)
 ENDING BALANCE IN ALL ACCOUNTS

OPERATING REPORT Page 1

EXHIBIT "B"

IN THE UNITED STATES BANKRUPTCY COURT
 FOR THE NORTHERN DISTRICT OF ILLINOIS
 EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

RECEIPTS LISTING

FOR MONTH ENDING July 31, 2008

Bank: BROADWAYBANK
 Location:
 Account Name: AYA DENTAL
 Account No.: 107998701

| <u>DATE RECEIVED</u> | <u>DESCRIPTION</u> | <u>AMOUNT</u> |
|-----------------------|--------------------|---------------|
| 07/01/2008-07/31/2008 | Checks | 142399.26 |
| 07/01/2008-07/31/2008 | Charge | 23968.53 |
| 07/01/2008-07/31/2008 | Cash | 17126.91 |

TOTAL: 183494.70

Receipts may be identified by major categories. It is not necessary to list each transaction separately by name of customer or invoice number. You must, however, create a separate list for each bank account to which receipts were deposited during the month.

OPERATING REPORT Page 2

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

DISBURSEMENT LISTING

FOR MONTH ENDING July 31, 2008

Bank: BROADWAYBANK
Location:
Account Name: AYA DENTAL

Account No.: 107998701

| <u>Date</u> <u>Disbursed</u> | <u>Check NO</u> | <u>Description</u> | <u>Amount</u> |
|---------------------------------|-----------------|--------------------|---------------|
| 7/1/2008 | 11061 | Mirage Dental Art | -5,908.00 |

| | | | |
|-----------|-------|-------------------------------|-----------|
| 7/2/2008 | 11064 | Leader Products | -475 |
| | | | - |
| 7/2/2008 | 11073 | Addent, LLC | 25,500.00 |
| 7/3/2008 | 11076 | Judy Canelo | -400 |
| 7/8/2008 | 11122 | Patterson Dental | -8,042.51 |
| 7/8/2008 | 11125 | Mirage Dental Art | -1,422.00 |
| 7/9/2008 | 11153 | Village Of Addison | -177.87 |
| 7/14/2008 | 11172 | AOA | -162.38 |
| 7/14/2008 | 11173 | AOA | -101.5 |
| 7/14/2008 | 11180 | Medical Oxygen | -33.71 |
| 7/14/2008 | 11186 | United States Postal Services | -928.8 |
| 7/18/2008 | 11216 | Omar Alramai | -160 |
| 7/18/2008 | 11224 | Patterson Dental | -9,267.36 |
| 7/18/2008 | 11231 | Patterson Dental | -1,130.11 |
| 7/18/2008 | 11233 | AOA | -191.85 |
| 7/18/2008 | 11239 | Dentsply | -401.93 |
| 7/18/2008 | 11240 | Allied Waste Services | -408.33 |
| 7/18/2008 | 11248 | Pitney Bowes | -500 |
| 7/18/2008 | 11249 | Direct TV | -69.98 |
| 7/18/2008 | 11251 | Comed | -1,309.78 |
| 7/24/2008 | 11266 | OfficeMax | -216.1 |
| 7/24/2008 | 11267 | OfficeMax | -722.19 |
| 7/25/2008 | 11273 | AOA | -57.45 |
| 7/25/2008 | 11275 | Medical Arts Press | -67.04 |
| 7/25/2008 | 11280 | Medical Oxygen | -32.8 |
| | | Norcomm Public Safety | |
| 7/25/2008 | 11287 | Communication | -165 |
| 7/26/2008 | 11296 | Erika Salazar | -578.55 |
| | | Corporate Expenses | -92239.61 |

TOTAL: -150669.85

You must create a separate list for each bank account from which disbursements were made during the month.

OPERATING REPORT Page 3

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____
 FOR MONTH ENDING _____, 20__

STATEMENT OF INVENTORY

| | |
|----------------------------------|--------------------|
| Beginning inventory | \$ _____ N/A _____ |
| Add: purchases | \$ _____ N/A _____ |
| Less: goods sold (cost basis) | \$ _____ N/A _____ |
| Ending inventory | \$ _____ N/A _____ |

PAYROLL INFORMATION STATEMENT

| | |
|-------------------------------|--------------------------|
| Gross payroll for this period | \$ DONE QUARTERLY |
| Payroll taxes due but unpaid | \$ DONE QUARTERLY |

STATUS OF PAYMENTS TO SECURED CREDITORS AND LESSORS

| Name of Creditor/ Lessor | Date regular payment is due | Amount of regular payment due | Number of payments delinquent | Amount of payments Delinquent |
|-----------------------------|--------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Broadway Bank | 28th | \$ 1,628.65 | 0 | 0 |
| Broadway Bank | 30th | \$ 5,198.84 | 0 | 0 |
| Key Bank | 3rd | \$ 255.30 | 0 | 0 |

* Include only post-petition payments.

OPERATING REPORT Page 4

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

FOR MONTH ENDING July 31, 2008

STATEMENT OF AGED RECEIVABLES

ACCOUNTS RECEIVABLE:

| | | | | |
|----------------------------|-----------------------------|-----------------------------|-------------------------------|-------------------------------------|
| Beginning of month balance | | | \$988588.06 | |
| Add: Billing Adjustment | | | \$20999.01 | |
| Add: sales on account | | | \$145592.78 | |
| Less: collections | | | \$183494.70 | |
| End of month balance | | | \$971685.55 | |
| <u>0-30</u> <u>Days</u> | <u>31-60</u> <u>Days</u> | <u>61-90</u> <u>Days</u> | <u>Over 90</u> <u>Days</u> | <u>End of Month</u> <u>TOTAL</u> |
| \$148259.46 | \$98444.28 | \$32846.50 | \$692135.31 | \$971685.55 |

STATEMENT OF ACCOUNTS PAYABLE (POST-PETITION)

| | | | | |
|----------------------------|-----------------------------|-----------------------------|-------------------------------|-------------------------------------|
| Beginning of month balance | | | | \$ _____ |
| Add: credit extended | | | | \$43956.19 |
| Less: payments of account | | | | \$43956.19 |
| End of month balance | | | | \$ _____ |
| <u>0-30</u> <u>Days</u> | <u>31-60</u> <u>Days</u> | <u>61-90</u> <u>Days</u> | <u>Over 90</u> <u>Days</u> | <u>End of Month</u> <u>TOTAL</u> |
| \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

ITEMIZE ALL POST-PETITION PAYABLES OVER 30 DAYS OLD ON A SEPARATE
SCHEDULE AND FILE WITH THIS REPORT

OPERATING REPORT Page 5

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

FOR MONTH ENDING _____, 20__

TAX QUESTIONNAIRE

Debtors in possession and trustees are required to pay all taxes incurred after the filing of their Chapter 11 petition on an as due basis. Please indicate whether the following post petition taxes or withholdings have been paid currently.

- | | | | |
|----|-----------------------------|-----------|----------|
| 1. | Federal Income Taxes | Yes (x) | No () |
| 2. | FICA withholdings | Yes (x) | No () |
| 3. | Employee's withholdings | Yes (x) | No () |
| 4. | Employer's FICA | Yes (x) | No () |
| 5. | Federal Unemployment Taxes | Yes (x) | No () |
| 6. | State Income Tax | Yes () | No (x) |
| 7. | State Employee withholdings | Yes (x) | No () |
| 8. | All other state taxes | Yes (x) | No () |

If any of the above have not been paid, state below the tax not paid, the amounts past due and the date of last payment.

| | |
|--|---|
| Form 6123 (Rev. 06-97) | Department of the Treasury-Internal Revenue Service Verification of Fiduciary's Federal Tax Deposit |
| Do not attach this Notice to your Return | |
| TO | District Director, Internal revenue Service Attn: Chief, Special Procedures Function |
| FROM: | Name of Taxpayer Taxpayer Address |
| The following information is to notify you of Federal tax deposit(s)(FTD) as required by the United States Bankruptcy Court (complete sections 1 and/or 2 as appropriate): | |
| Section 1 Taxes Reported on Form 941, Employer's Quarterly Federal Tax Return | Form 941 Federal Tax Deposit (FTD) Information for the payroll period from _____ to _____ Payroll date _____ Gross wages paid to employees \$ _____ Income tax withheld \$ _____ Social Security (Employer's plus Employee's share of Social Security Tax) \$ _____ Tax Deposited \$ _____ Date Deposited _____ |
| Section 2 Taxes Reported on Form 940, Employer's Annual Federal Unemployment Tax Return | Form 940 Federal Tax Deposit (FTD) Information for the payroll period from _____ to _____ Gross wages paid to employees \$ _____ Tax Deposited \$ _____ Date Deposited _____ |
| Certification (Certification is limited to receipt or electronic transmittal of deposit only) This certifies receipt or electronic transmittal of deposits described below for Federal taxes as defined in Circular E, Employer's Tax Guide (Publication 15) | |
| Deposit Method (check box) | <input type="checkbox"/> Form 8109/8109B Federal Tax Deposit (FTD) coupon <input type="checkbox"/> Electronic Federal Tax Payment System (EFTPS) Deposit |

| | | |
|--|--------------------------|--|
| Amount (Form 941) | Date of Deposit | EF TPS acknowledgment number or Form 8109 FID received by: |
| Case 1:04-bk-01159 Document 1-1 Filed 08/05/06 Page 9 of 9 | Date of Deposit | EF TPS acknowledgment number or Form 8109 FTD received by: |
| Depositor's Employer Identification Number: | Name and Address of Bank | |
| Under penalties of perjury, I certify that the above federal tax deposit information is true and correct | | |
| Signed: | Date: | |
| Name and Title (print or type) | | |

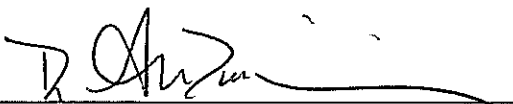
Cat. #43099Z

Form 6123 (rev. 06-97)

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

DECLARATION UNDER PENALTY OF PERJURY

I, Musam ALDAIRI, acting as the duly authorized agent for the Debtor in Possession (Trustee) declare under penalty of perjury under the laws of the United States that I have read and I certify that the figures, statements, disbursement itemizations, and account balances as listed in this Monthly Report of the Debtor are true and correct as of the date of this report to the best of my knowledge, information and belief.


For the Debtor In Possession (Trustee)

Print or type name and capacity of person signing this Declaration:

6.15.09

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: Dental Profile, Inc CASE NO. 08-17148

SUMMARY OF CASH RECEIPTS AND CASH DISBURSEMENTS

For Month Ending August 31,2008 DENTAL PROFILE

BEGINNING BALANCE IN ALL
ACCOUNTS

| | 0 DENTIST PC | Corporate | Total |
|-----------------------------|--------------------|------------|------------|
| RECEIPTS: | | | |
| 1. Receipts from operations | 154678.48 | | 154678.48 |
| 2. Other Receipts | | | 0 |
| | | | 0 |
| DISBURSEMENTS: | | | 0 |
| Accountant Fee | 0 | 647.5144 | 647.5144 |
| Addvertisement | 0 | 0 | 0 |
| association fee | 0 | 0 | 0 |
| Attorney fee | 0 | 1196 | 1196 |
| Auto | 0 | 212.50528 | 212.50528 |
| Brak Fees | 0 | 655.50368 | 655.50368 |
| car payment | 0 | 589.027608 | 589.027608 |
| Computer | 0 | 478.4 | 478.4 |
| credit card | 0 | 818.178816 | 818.178816 |
| Dental supplys | 295.15 | 0 | 295.15 |
| Healthcare | 0 | 0 | 0 |
| Insurance | 0 | 2379.61183 | 2379.61183 |
| Labaratory | 18,017.53 | 0.00 | 18,017.53 |
| Loan | 0 | 5110.18508 | 5110.18508 |
| Maintenance | 0 | 0 | 0 |
| Medical products | 11,608.27 | 478.46 | 12,086.73 |
| Medical supplies | 0 | 346.471632 | 346.471632 |
| Misc | 0 | 174.706896 | 174.706896 |
| Mortgage | 0 | 0 | 0 |
| Office products | 0 | 0 | 0 |
| Office Supplies | 0 | 77.125256 | 77.125256 |
| Postage | 200 | 53.13828 | 253.13828 |
| Printed supplys | 0 | 0 | 0 |
| Refund | 0 | 0 | 0 |
| Rent | 13,843.99 | 6,004.48 | 19,848.47 |
| Taxes | 0 | 0 | 0 |
| Transfer | 0 | 0 | 0 |
| Utilities | 0 | 0 | 0 |
| Alarm | 0 | 0 | 0 |
| Cable | 0 | 0 | 0 |
| Cable TV | 0 | 0 | 0 |

| | | | |
|---------------------------------|------------------|------------------|-------------------|
| Electricity | 886.05 | 0 | 886.05 |
| Garbage & Recycling | 272.85 | 59.594288 | 332.444288 |
| Gas & Electric | 0 | 0 | 0 |
| Telephone | 1306.09 | 950.367912 | 2256.45791 |
| Water | 0 | 0 | 0 |
| Other Utilities | 0 | 0 | 0 |
| TOTAL Utilities | 2,464.99 | 1,009.96 | 3,474.95 |
| Wages & Salary | 0 | 0 | 0 |
| Bonus | 0 | 466.44 | 466.44 |
| Gross Pay | 2,966.21 | 50,319.82 | 53,286.03 |
| Overtime | 594 | 0 | 594 |
| Other Wages & Salary | 0 | 1089.52251 | 1089.52251 |
| Adp Fees | 0 | 69.860752 | 69.860752 |
| TOTAL Wages & Salary | 3,560.21 | 51,945.65 | 55,505.86 |
| TOTAL EXPENSES | 49,990.14 | 71,529.40 | 121,519.54 |

TOTAL DISBURSEMENTS

\$121,519.54

NET RECEIPTS (DISBURSEMENTS) FOR THE CURRENT PERIOD

\$
33,158.94

ENDING BALANCE IN _BROADWAY BANK
(Name of Bank)

154.92

ENDING BALANCE IN _____
(Name of Bank)

ENDING BALANCE IN ALL ACCOUNTS

OPERATING REPORT Page 1

EXHIBIT "B"

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____

CASE NO.: _____

RECEIPTS LISTING

FOR MONTH ENDING August 31, 2008

Bank: BROADWAYBANK

Location:

Account Name: AYA DENTAL

Account No.: 107998701

| <u>DATE RECEIVED</u> | <u>DESCRIPTION</u> | <u>AMOUNT</u> |
|-----------------------|--------------------|---------------|
| 08/01/2008-08/31/2008 | Checks | 109800.43 |
| 08/01/2008-08/31/2008 | Charge | 15869.38 |
| 08/01/2008-08/31/2008 | Cash | 8681.20 |

TOTAL: 134351.01

Receipts may be identified by major categories. It is not necessary to list each transaction separately by name of customer or invoice number. You must, however, create a separate list for each bank account to which receipts were deposited during the month.

OPERATING REPORT Page 2

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

DISBURSEMENT LISTING

FOR MONTH ENDING August 31, 2008

Bank: BROADWAYBANK
Location:
Account Name: AYA DENTAL

Account No.: 107998701

| <u>Date Disbursed</u> | <u>Check NO</u> | <u>Description</u> | <u>Amount</u> |
|-----------------------|-----------------|-------------------------------------|---------------|
| 8/1/2008 | 11321 | Judith Canelo | -400 |
| 8/1/2008 | 11328 | Maricar Anselmo | -600.26 |
| 8/4/2008 | 11331 | Ashlee Miller | -236.02 |
| 8/4/2008 | 11337 | Addent, LLC | -25,500.00 |
| 8/6/2008 | 11363 | Stericycle | -670.93 |
| 8/6/2008 | 11365 | **VOID**Delta Dental | 0 |
| 8/12/2008 | 11388 | Cavalier | -77.5 |
| 8/12/2008 | 11389 | **VOID**Dentsply | 0 |
| 8/12/2008 | 11396 | At&T | -37.51 |
| 8/12/2008 | 11397 | At&T | -193.92 |
| 8/12/2008 | 11398 | At&T | -756.22 |
| 8/14/2008 | 11407 | **VOID**Mirage Dental Art | 0 |
| 8/14/2008 | 11412 | OfficeMax | -523.79 |
| 8/14/2008 | 11413 | OfficeMax | -36.09 |
| 8/14/2008 | 11414 | **VOID**Grace Printing | 0 |
| 8/15/2008 | 11419 | Direct TV | -144.96 |
| 8/15/2008 | 11432 | **VOID**Village Of Addison | 0 |
| 8/18/2008 | 11444 | CBI | -550 |
| 8/20/2008 | 11452 | **VOID**Addent, LLC | 0 |
| 8/20/2008 | 11453 | Mirage Dental Art | -5,302.00 |
| 8/20/2008 | 11459 | Vanessa Mackay | -100 |
| 8/20/2008 | 11465 | Southern Anesthesia & Surgical Inc. | -68.3 |
| 8/20/2008 | 11468 | Medical Arts Press | -140.77 |
| 8/21/2008 | 11486 | Patterson Dental | -14,527.79 |
| 8/22/2008 | 11494 | Comed | -2,044.90 |
| 8/22/2008 | 11500 | Tutogen Medical Inc | -1,140.00 |
| 8/22/2008 | 11505 | AOA | -263.71 |
| 8/22/2008 | 11506 | Pitney Bowes | -500 |
| 8/22/2008 | 11507 | Medical Arts Press | -6.73 |
| 8/26/2008 | 11526 | **VOID**Grace Printing | 0 |
| 8/26/2008 | 11527 | Delta Dental | -679.2 |
| 8/26/2008 | 11528 | **VOID**Dentsply | 0 |
| 8/26/2008 | 11534 | **VOID**Village Of Addison | 0 |
| 8/30/2008 | 11538 | Metlife | -190 |
| 8/30/2008 | 11539 | Metlife | -405 |
| 8/30/2008 | 11542 | Tarik Al-Diery | -576 |
| 8/30/2008 | 11552 | Maricar Anselmo | -520 |
| | | Corporate Expenses | -69466.05 |

TOTAL: -125657.65

You must create a separate list for each bank account from which disbursements were made during the month.

OPERATING REPORT Page 3

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____
FOR MONTH ENDING _____, 20__

STATEMENT OF INVENTORY

| | |
|----------------------------------|--------------------|
| Beginning inventory | \$ _____ N/A _____ |
| Add: purchases | \$ _____ N/A _____ |
| Less: goods sold (cost basis) | \$ _____ N/A _____ |
| Ending inventory | \$ _____ N/A _____ |

PAYROLL INFORMATION STATEMENT

| | |
|-------------------------------|--------------------------|
| Gross payroll for this period | \$ DONE QUARTERLY |
| Payroll taxes due but unpaid | \$ DONE QUARTERLY |

STATUS OF PAYMENTS TO SECURED CREDITORS AND LESSORS

| Name of Creditor/ Lessor | Date regular payment is due | Amount of regular payment due | Number of payments delinquent | Amount of payments Delinquent |
|-----------------------------|--------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Broadway Bank | 28th | \$ 1,481.92 | 0 | 0 |
| Broadway Bank | 30th | \$ 4,730.48 | 0 | 0 |
| Key Bank | 3rd | \$ 232.30 | 0 | 0 |

* Include only post-petition payments.

OPERATING REPORT Page 4

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

FOR MONTH ENDING August 31, 2008

STATEMENT OF AGED RECEIVABLES

ACCOUNTS RECEIVABLE:

| | | | | |
|----------------------------|-----------------------------|-----------------------------|-------------------------------|-------------------------------------|
| Beginning of month balance | | | \$971685.55 | |
| Less: Billing Adjustment | | | \$78298.16 | |
| Add: sales on account | | | \$179740.79 | |
| Less: collections | | | \$134351.01 | |
| End of month balance | | | \$938777.17 | |
| <u>0-30</u> <u>Days</u> | <u>31-60</u> <u>Days</u> | <u>61-90</u> <u>Days</u> | <u>Over 90</u> <u>Days</u> | <u>End of Month</u> <u>TOTAL</u> |
| \$158447.97 | \$55058.54 | \$32329.70 | \$692940.96 | \$938777.17 |

STATEMENT OF ACCOUNTS PAYABLE (POST-PETITION)

..... Beginning of month balance \$0

Add: credit extended \$55379.10

Less: payments of account \$55379.10

End of month balance \$0

| <u>0-30</u> <u>Days</u> | <u>31-60</u> <u>Days</u> | <u>61-90</u> <u>Days</u> | <u>Over 90</u> <u>Days</u> | <u>End of Month</u> <u>TOTAL</u> |
|----------------------------|-----------------------------|-----------------------------|-------------------------------|-------------------------------------|
| \$_____ | \$_____ | \$_____ | \$_____ | \$_____ |

ITEMIZE ALL POST-PETITION PAYABLES OVER 30 DAYS OLD ON A SEPARATE SCHEDULE AND FILE WITH THIS REPORT

OPERATING REPORT Page 5

IN THE UNITED STATES BANKRUPTCY COURT FOR THE NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

FOR MONTH ENDING _____, 20__

TAX QUESTIONNAIRE

Debtors in possession and trustees are required to pay all taxes incurred after the filing of their Chapter 11 petition on an as due basis. Please indicate whether the following post petition taxes or withholdings have been paid currently.

- | | | | |
|----|-----------------------------|-----------|----------|
| 1. | Federal Income Taxes | Yes (x) | No () |
| 2. | FICA withholdings | Yes (x) | No () |
| 3. | Employee's withholdings | Yes (x) | No () |
| 4. | Employer's FICA | Yes (x) | No () |
| 5. | Federal Unemployment Taxes | Yes (x) | No () |
| 6. | State Income Tax | Yes () | No (x) |
| 7. | State Employee withholdings | Yes (x) | No () |

8. All other state taxes Yes (x) No ()

If any of the above have not been paid, state below the tax not paid, the amounts past due and the date of last payment.

OPERATING REPORT Page 6

| | |
|---|--|
| Form 6123 (Rev. 06-97) | Department of the Treasury-Internal Revenue Service Verification of Fiduciary's Federal Tax Deposit |
| Do not attach this Notice to your Return | |
| TO | District Director, Internal revenue Service Attn: Chief, Special Procedures Function |
| FROM: | Name of Taxpayer |
| | Taxpayer Address |
| The following information is to notify you of Federal tax deposit(s)(FTD) as required by the United States Bankruptcy Court (complete sections 1 and/or 2 as appropriate): | |
| Section 1 Taxes Reported on Form 941, Employer's Quarterly Federal Tax Return | Form 941 Federal Tax Deposit (FTD) Information for the payroll period from _____ to _____ Payroll date Gross wages paid to employees \$ Income tax withheld \$ Social Security (Employer's plus Employee's share of Social Security Tax) \$ Tax Deposited \$ Date Deposited |

| | |
|--|--|
| Section 2 Taxes Reported on Form 940, Employer's Annual Federal Unemployment Tax Return | Case 1:15-bk-01506 Document 1-1 Filed 08/05/15 Page 9 of 10 Form 940 Federal Tax Deposit (FTD) Information Document Page 9 of 10 Gross wages paid to employees \$ Tax Deposited \$ Date Deposited |
|--|--|

| | | |
|--|-----------------|---|
| Certification (Certification is limited to receipt or electronic transmittal of deposit only) This certifies receipt or electronic transmittal of deposits described below for Federal taxes as defined in Circular E, Employer's Tax Guide (Publication 15) | | |
| Deposit Method (check box) <input type="checkbox"/> Form 8109/8109B Federal Tax Deposit (FTD) coupon <input type="checkbox"/> Electronic Federal Tax Payment System (EFTPS) Deposit | | |
| Amount (Form 941) | Date of Deposit | EFTPS acknowledgment number or Form 8109 FTD received by: |
| Amount (Form 940) | Date of Deposit | EFTPS acknowledgment number or Form 8109 FTD received by: |
| Depositor's Employer Identification Number: | | Name and Address of Bank |
| Under penalties of perjury, I certify that the above federal tax deposit information is true and correct | | |
| Signed: | | Date: |
| Name and Title (print or type) | | |

Cat. #43099Z

Form **6123** (rev. 06-97)

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

DECLARATION UNDER PENALTY OF PERJURY

I, Husam Azari, acting as the duly authorized agent for the Debtor in Possession (Trustee) declare under penalty of perjury under the laws of the United States that I have read and I certify that the figures, statements, disbursement itemizations, and account balances as listed in this Monthly Report of the Debtor are true and correct as of the date of this report to the best of my knowledge, information and belief.

NOTICE OF UNPAID FEES AND PENDING COLLECTION ACTIONS

Debtor: _____
Notice Date: _____
Account Number: _____
Amount Due: _____

Office of the U.S. Trustee
227 W. Monroe Street, Suite 3350
Chicago, IL 60606

CASE NAME: _____
CASE NO.: _____

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

OPERATING REPORT Page 8

DATED: 6.15.09

Print or type name and capacity of
person signing this Declaration:

For the Debtor In Possession (Trustee)

| | | | |
|----------------------|---------------|-------------|--------------|
| TOTAL Medical | \$ - | \$ - | \$ - |
| Medical products | \$ 7,059.83 | \$ 444.74 | \$ 7,504.57 |
| Misc | \$ - | \$ 0.22 | \$ 0.22 |
| Miscellaneous | | \$ - | \$ - |
| Other Miscellaneous | \$ 80.00 | \$ - | \$ 80.00 |
| TOTAL Miscellaneous | \$ 80.00 | \$ - | \$ 80.00 |
| Mortgage | | \$ - | \$ - |
| Other Mortgage | \$ - | \$ - | \$ - |
| TOTAL Mortgage | \$ - | \$ - | \$ - |
| Office products | \$ 610.60 | \$ 70.63 | \$ 681.23 |
| Postage | | \$ - | \$ - |
| Other Postage | \$ 1,287.27 | \$ 43.81 | \$ 1,331.08 |
| TOTAL Postage | \$ 1,287.27 | \$ 43.81 | \$ 1,331.08 |
| Refund | \$ 597.00 | \$ - | \$ 597.00 |
| Rent | \$ 25,500.00 | \$ 327.49 | \$ 25,827.49 |
| Transfer | \$ - | \$ - | \$ - |
| Utilities | | \$ - | \$ - |
| Alarm | \$ - | \$ - | \$ - |
| Cable | \$ 149.96 | \$ - | \$ 149.96 |
| Cable TV | \$ - | \$ - | \$ - |
| Electricity | \$ - | \$ - | \$ - |
| Garbage & Recycling | \$ 916.47 | \$ - | \$ 916.47 |
| Gas & Electric | \$ 77.93 | \$ 116.01 | \$ 193.94 |
| Telephone | \$ 709.78 | \$ 651.83 | \$ 1,361.61 |
| Water | \$ 497.00 | \$ - | \$ 497.00 |
| Other Utilities | \$ - | \$ - | \$ - |
| TOTAL Utilities | \$ 2,351.14 | \$ 767.83 | \$ 3,118.97 |
| Wages & Salary | | \$ - | \$ - |
| Bonus | \$ - | \$ 427.16 | \$ 427.16 |
| Gross Pay | \$ 13,719.34 | \$50,821.27 | \$ 64,540.61 |
| Overtime | \$ - | \$ - | \$ - |
| Other Wages & Salary | \$ - | \$ 1,052.14 | \$ 1,052.14 |
| ADP Fees | | \$ 92.75 | \$ 92.75 |
| ADP PAYROLL | \$ 93,636.00 | \$ - | \$ 93,636.00 |
| Payroll Taxes | \$ 10,277.86 | \$ - | \$ 10,277.86 |
| TOTAL Wages & Salary | \$ 117,633.20 | \$52,393.33 | \$170,026.53 |
| TOTAL EXPENSES | \$ 165,306.34 | \$75,756.34 | \$241,062.68 |

TOTAL DISBURSEMENTS

\$ 241,062.68

NET RECEIPTS (DISBURSEMENTS) FOR THE CURRENT PERIOD

\$(100,179.01)

ENDING BALANCE IN _BROADWAY BANK
(Name of Bank)

12290.18

ENDING BALANCE IN _____
 _____ (Name of Bank)

ENDING BALANCE IN ALL ACCOUNTS

OPERATING REPORT Page 1

EXHIBIT "B"

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

RECEIPTS LISTING

FOR MONTH ENDING SEPTEMBER 30, 2008

Bank: BROADWAYBANK

Location:

Account Name: AYA DENTAL

Account No.: 107998701

| <u>DATE RECEIVED</u> | <u>DESCRIPTION</u> | <u>AMOUNT</u> |
|-----------------------|--------------------|---------------|
| 09/01/2008-09/30/2008 | Checks | 116180.18 |
| 09/01/2008-09/30/2008 | Charge | 12627.49 |
| 09/01/2008-09/30/2008 | Cash | 12076.00 |

TOTAL: 140883.67

Receipts may be identified by major categories. It is not necessary to list each transaction separately by name of customer or invoice number. You must, however, create a separate list for

each bank account to which receipts were deposited during the month.

OPERATING REPORT Page 2

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

DISBURSEMENT LISTING

FOR MONTH ENDING SEPTEMBER 30, 2008

Bank: BROADWAYBANK

Location:

Account Name: AYA DENTAL

Account No.: 107998701

| <u>DATE</u> <u>DISBURSED</u> | <u>CHECK NO.</u> | <u>DESCRIPTION</u> | <u>AMOUNT</u> |
|---------------------------------|------------------|-----------------------------------|---------------|
| 9/23/2008 | 1352 | Grace Printing | -1,080.00 |
| 9/9/2008 | 11619 | Dentsply | -192.27 |
| 9/9/2008 | 11620 | Dentsply | -400.39 |
| 9/9/2008 | 11625 | Medical Oxygen | -33.71 |
| 9/9/2008 | 11630 | Dentsply | -3.26 |
| 9/22/2008 | 1328 | AOA | -267.67 |
| 9/9/2008 | 11613 | Mirage Dental Art | -8,000.00 |
| 9/9/2008 | 11605 | Dynamic Automation, Inc | -210 |
| 9/18/2008 | 1307 | Patterson Dental | -7,059.83 |
| 9/24/2008 | 1360 | Joseph Stallone | -80 |
| 9/22/2008 | 1331 | SmileMakers | -217.67 |
| 9/18/2008 | 11678 | OfficeMax | -392.93 |
| 9/25/2008 | 1366 | Pitney Bowes | -750 |
| 9/5/2008 | 11571 | Pitney Bowes | -537.27 |
| 9/9/2008 | 11621 | Blue Cross Blue Sheild | -165 |
| 9/17/2008 | 11668 | Alejandro Palencia | -80 |
| 9/17/2008 | 11669 | Compdent Insurance | -352 |
| 9/5/2008 | 11569 | Addent, LLC | -25,500.00 |
| 9/22/2008 | 1332 | Direct TV | -149.96 |
| 9/25/2008 | 1365 | Hazchem Environmental Corporation | -164.85 |

| | | | |
|-----------|-------|--------------------------------|-----------|
| 9/9/2008 | 11633 | Stericycle | -751.62 |
| 9/9/2008 | 11615 | Nicor Gas | -77.93 |
| 9/23/2008 | 1351 | At&T | -556.68 |
| 9/9/2008 | 11618 | At&T | -153.1 |
| 9/30/2008 | 1458 | Village Of Addison | -497 |
| 9/22/2008 | 1320 | Deala Fakhouri | -431.49 |
| 9/22/2008 | 1322 | Maricar Anselmo | -918.78 |
| 9/22/2008 | 1336 | Julio Ariguita | -275.15 |
| 9/22/2008 | 1337 | Judith Canelo | -2,039.16 |
| 9/22/2008 | 1338 | Maida Domazet | -897.55 |
| 9/23/2008 | 1359 | Adnan Al-Hammami | -588.62 |
| 9/25/2008 | 1378 | Arizbeth Flores | -590.32 |
| 9/29/2008 | 1426 | Erika Salazar | -565.32 |
| 9/29/2008 | 1427 | Ivonne Garcia | -812.13 |
| 9/29/2008 | 1428 | Arizbeth Flores | -565.32 |
| 9/29/2008 | 1429 | Deala Fakhouri | -395.81 |
| 9/29/2008 | 1430 | Maida Domazet | -887.55 |
| 9/29/2008 | 1431 | Yessenia Caudillo | -684.28 |
| 9/29/2008 | 1433 | Maria E Calleja | -803.24 |
| 9/29/2008 | 1434 | Normary Barrientos | -269.99 |
| 9/29/2008 | 1435 | Julio C Argueta | -210.15 |
| 9/29/2008 | 1436 | Maricar Anselmo | -908.78 |
| 9/29/2008 | 1437 | Caroll Altube | -465.51 |
| 9/29/2008 | 1438 | Adnan Al-Hammami | -551.94 |
| 9/2/2008 | 11555 | Adnan Al-Hammami | -458.25 |
| 9/4/2008 | 11557 | Judy Canelo | -400 |
| | | 3 rd Qt payroll | -93636.00 |
| | | 3 rd Qt Payroll Tax | -10277.86 |
| | | Corporate Expenses | -7575634 |

TOTAL: 241062.68

You must create a separate list for each bank account from which disbursements were made during the month.

OPERATING REPORT Page 3

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS

EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

FOR MONTH ENDING _____, 20__

STATEMENT OF INVENTORY

| | |
|----------------------------------|--------------------|
| Beginning inventory | \$ _____ N/A _____ |
| Add: purchases | \$ _____ N/A _____ |
| Less: goods sold (cost basis) | \$ _____ N/A _____ |
| Ending inventory | \$ _____ N/A _____ |

PAYROLL INFORMATION STATEMENT

Gross payroll for this period \$ **DONE QUARTERLY**

Payroll taxes due but unpaid \$ **DONE QUARTERLY**

STATUS OF PAYMENTS TO SECURED CREDITORS AND LESSORS

| Name of Creditor/ Lessor | Date regular payment is due | Amount of regular payment due | Number of payments delinquent | Amount of payments Delinquent |
|--------------------------------|--------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Broadway Bank | 28th | \$ 1,397.71 | 0 | 0 |
| Broadway Bank | 30th | \$ 4,461.68 | 0 | 0 |
| Key Bank | 3rd | \$ 219.10 | 0 | 0 |

* Include only post-petition payments.

OPERATING REPORT Page 4

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

FOR MONTH ENDING _____, 20____

STATEMENT OF AGED RECEIVABLES

ACCOUNTS RECEIVABLE:

| | | | | |
|----------------------------|-----------------------------|-----------------------------|-------------------------------|-------------------------------------|
| Beginning of month balance | | | \$938777.17 | |
| Less: Billing Adjustment | | | \$16522.38 | |
| Add: sales on account | | | \$165550.34 | |
| Less: collections | | | \$140883.67 | |
| End of month balance | | | \$946921.46 | |
| <u>0-30</u> <u>Days</u> | <u>31-60</u> <u>Days</u> | <u>61-90</u> <u>Days</u> | <u>Over 90</u> <u>Days</u> | <u>End of Month</u> <u>TOTAL</u> |
| \$145735.49 | \$67101.07 | \$28245.97 | \$705839.11 | \$946921.46 |

STATEMENT OF ACCOUNTS PAYABLE (POST-PETITION)

| | | | | |
|----------------------------|-----------------------------|-----------------------------|-------------------------------|-------------------------------------|
| Beginning of month balance | | | | \$ _____ |
| Add: credit extended | | | | \$48085.89 |
| Less: payments of account | | | | \$48085.89 |
| End of month balance | | | | \$ _____ |
| <u>0-30</u> <u>Days</u> | <u>31-60</u> <u>Days</u> | <u>61-90</u> <u>Days</u> | <u>Over 90</u> <u>Days</u> | <u>End of Month</u> <u>TOTAL</u> |
| \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

ITEMIZE ALL POST-PETITION PAYABLES OVER 30 DAYS OLD ON A SEPARATE
SCHEDULE AND FILE WITH THIS REPORT

OPERATING REPORT Page 5

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

FOR MONTH ENDING _____, 20____

TAX QUESTIONNAIRE

Debtors in possession and trustees are required to pay all taxes incurred after the filing of their Chapter 11 petition on an as due basis. Please indicate whether the following post petition taxes or withholdings have been paid currently.

- | | | | |
|----|-----------------------------|-----------|---------|
| 1. | Federal Income Taxes | Yes (x) | No () |
| 2. | FICA withholdings | Yes (x) | No () |
| 3. | Employee's withholdings | Yes (x) | No () |
| 4. | Employer's FICA | Yes (x) | No () |
| 5. | Federal Unemployment Taxes | Yes (x) | No () |
| 6. | State Income Tax | Yes () | No (x) |
| 7. | State Employee withholdings | Yes (x) | No () |
| 8. | All other state taxes | Yes (x) | No () |

If any of the above have not been paid, state below the tax not paid, the amounts past due and the date of last payment.

OPERATING REPORT Page 6

| | |
|---|---|
| Form 6123 (Rev. 06-97) | Department of the Treasury-Internal Revenue Service Verification of Fiduciary's Federal Tax Deposit |
| Do not attach this Notice to your Return | |
| TO | District Director, Internal revenue Service Attn: Chief, Special Procedures Function |
| FROM: | Name of Taxpayer Taxpayer Address |
| The following information is to notify you of Federal tax deposit(s)(FTD) as required by the United States Bankruptcy Court . (complete sections 1 and/or 2 as appropriate): | |
| Section 1 Taxes Reported on Form 941, Employer's Quarterly Federal Tax Return | <p style="text-align: center;">Form 941 Federal Tax Deposit (FTD) Information</p> <p style="text-align: center;">for the payroll period from _____ to _____</p> <p style="text-align: center;">Payroll date</p> <p style="text-align: right;">Gross wages paid to employees \$</p> <p style="text-align: right;">Income tax withheld \$</p> <p style="text-align: right;">Social Security (Employer's plus Employee's share of Social Security Tax) \$</p> <p style="text-align: right;">Tax Deposited \$</p> <p style="text-align: right;">Date Deposited</p> |
| Section 2 Taxes Reported on Form 940, Employer's Annual Federal Unemployment Tax Return | <p style="text-align: center;">Form 940 Federal Tax Deposit (FTD) Information</p> <p style="text-align: center;">for the payroll period from _____ to _____</p> <p style="text-align: right;">Gross wages paid to employees \$</p> <p style="text-align: right;">Tax Deposited \$</p> <p style="text-align: right;">Date Deposited</p> |
| <p style="text-align: center;">Certification</p> <p style="text-align: center;">(Certification is limited to receipt or electronic transmittal of deposit only)</p> <p>This certifies receipt or electronic transmittal of deposits described below for Federal taxes as defined in Circular E, Employer's Tax Guide (Publication 15)</p> | |

| | | |
|--|-----------------|---|
| (check box) <input type="checkbox"/> Electronic Federal Tax Payment System (EFTPS) Deposit | | |
| Amount (Form 941) | Date of Deposit | EFTPS acknowledgment number or Form 8109 FTD received by: |
| Amount (Form 940) | Date of Deposit | EFTPS acknowledgment number or Form 8109 FTD received by: |
| Depositor's Employer Identification Number: | | Name and Address of Bank |
| Under penalties of perjury, I certify that the above federal tax deposit information is true and correct | | |
| Signed: | | Date: |
| Name and Title (print or type) | | |

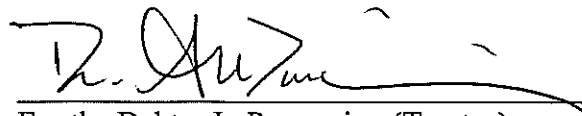
Cat. #43099Z

Form 6123 (rev. 06-97)

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

DECLARATION UNDER PENALTY OF PERJURY

I, Musam Alwairi, acting as the duly authorized agent for the Debtor in Possession (Trustee) declare under penalty of perjury under the laws of the United States that I have read and I certify that the figures, statements, disbursement itemizations, and account balances as listed in this Monthly Report of the Debtor are true and correct as of the date of this report to the best of my knowledge, information and belief.


For the Debtor In Possession (Trustee)

Print or type name and capacity of person signing this Declaration:

6.15.09

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: Dental Profile, Inc

CASE NO. 08-17148

SUMMARY OF CASH RECEIPTS AND CASH DISBURSEMENTS

For Month Ending October 31, 2008 Dental Profile

BEGINNING BALANCE IN ALL
ACCOUNTS

13966.12

RECEIPTS:

| | Dental Profile | Corporate | Total |
|-----------------------------|----------------|-----------|-----------|
| | \$ | | |
| 1. Receipts from operations | 168,713.71 | | 168713.71 |
| 2. Other Receipts | | | 0 |

DISBURSEMENTS:

| | | | | |
|----------------------------|----------|-------------|----|----------|
| | | \$ | | |
| Accountant Fee | | 672.06 | \$ | 672.06 |
| Addvertisement | \$ - | \$ - | \$ | - |
| Advertisement | | \$ - | \$ | - |
| Newspaper | \$ - | \$ 161.29 | \$ | 161.29 |
| <u>TOTAL Advertisement</u> | \$ - | \$ 161.29 | \$ | 161.29 |
| association fee | \$ - | \$ - | \$ | - |
| Attorney fee | \$ - | \$ 537.65 | \$ | 537.65 |
| Auto | | \$ - | \$ | - |
| Loan | \$ - | \$ 477.65 | \$ | 477.65 |
| <u>TOTAL Auto</u> | \$ - | \$ 1,265.07 | | 1,265.07 |
| Bank Fees | | \$ 955.55 | \$ | 955.55 |
| car payment | \$ - | \$ 1,178.12 | | 1,178.12 |
| Computer | \$ - | \$ 537.65 | \$ | 537.65 |
| credit card | \$ - | \$ 4,570.02 | | 4,570.02 |
| Dental supplys | \$ 66.51 | \$ 454.15 | \$ | 520.66 |
| Healthcare | | \$ - | \$ | - |
| Physician | \$ - | \$ - | \$ | - |
| Other Healthcare | \$ - | \$ - | \$ | - |
| <u>TOTAL Healthcare</u> | \$ - | \$ - | \$ | - |

| | | | | | |
|-------------------|----|-----------|----|----------|--------------|
| Insurance | | \$ | - | \$ | - |
| Other Insurance | \$ | - | \$ | 562.95 | \$ 562.95 |
| TOTAL Insurance | \$ | - | \$ | 562.95 | \$ 562.95 |
| Labaratory | \$ | 470.43 | \$ | - | \$ 470.43 |
| Loan | | | \$ | - | \$ - |
| Other Loan | \$ | - | \$ | 7,189.17 | \$ 7,189.17 |
| TOTAL Loan | \$ | - | \$ | 7,189.17 | \$ 7,189.17 |
| Maintenance | | | \$ | - | \$ - |
| Other Maintenance | \$ | 196.00 | \$ | - | \$ 196.00 |
| TOTAL Maintenance | \$ | 196.00 | \$ | - | \$ 196.00 |
| Medical | | | \$ | - | \$ - |
| Other Medical | \$ | - | \$ | 1,200.62 | \$ 1,200.62 |
| TOTAL Medical | \$ | - | \$ | 1,200.62 | \$ 1,200.62 |
| Medical products | \$ | 5,955.33 | \$ | - | \$ 5,955.33 |
| Misc | \$ | - | \$ | - | \$ - |
| Office products | \$ | 882.59 | \$ | - | \$ 882.59 |
| Postage | | | \$ | - | \$ - |
| Other Postage | \$ | 1,696.60 | \$ | 53.76 | \$ 1,750.36 |
| TOTAL Postage | \$ | 1,696.60 | \$ | 53.76 | \$ 1,750.36 |
| Printed supplys | \$ | 3,780.00 | \$ | - | \$ 3,780.00 |
| Refund | \$ | 319.50 | \$ | 1,344.12 | \$ 1,663.62 |
| Reimbursement | \$ | - | \$ | 1,612.95 | \$ 1,612.95 |
| Rent | \$ | 25,500.00 | \$ | 455.66 | \$ 25,955.66 |
| Supplys | \$ | - | \$ | 354.28 | \$ 354.28 |
| Taxes | | | \$ | - | \$ - |
| Other Taxes | \$ | - | \$ | - | \$ - |
| TOTAL Taxes | \$ | - | \$ | - | \$ - |
| Ticket | \$ | - | \$ | - | \$ - |
| Transfer | \$ | - | \$ | - | \$ - |

| | | | | | | |
|----------------------|-----------|----|-------------|-------|--------------|-------|
| Utilities | | \$ | - | \$ | - | |
| | \$ | \$ | - | | | |
| Alarm | 165.00 | | | \$ | 165.00 | |
| | \$ | \$ | - | | | |
| Cable | 74.98 | | | \$ | 74.98 | |
| | \$ | - | \$ | - | \$ | - |
| Cable TV | | | | | | |
| | \$ | - | \$ | - | \$ | - |
| drinking water | | | | | | |
| | \$ | \$ | - | \$ | | |
| Electricity | 2,883.36 | | | | 2,883.36 | |
| | \$ | \$ | - | | | |
| Garbage & Recycling | 408.33 | | | \$ | 408.33 | |
| | \$ | - | \$ | | | |
| Gas & Electric | | | 268.16 | \$ | 268.16 | |
| | \$ | - | \$ | - | \$ | - |
| Pest Control | | | | | | |
| | \$ | \$ | | \$ | | |
| Telephone | 901.66 | | 1,014.27 | | 1,915.93 | |
| | \$ | - | \$ | - | \$ | - |
| Water | | | | | | |
| | \$ | - | | | | |
| Other Utilities | | | \$ | 32.26 | \$ | 32.26 |
| | \$ | \$ | | \$ | | |
| TOTAL Utilities | 4,433.33 | | 1,314.69 | | 5,748.02 | |
| | | \$ | - | \$ | - | |
| Wages & Salary | | | | | | |
| | \$ | - | \$ | | | |
| Bonus | | | 161.29 | \$ | 161.29 | |
| | \$ | | | \$ | | |
| Gross Pay | 2,169.00 | | \$53,530.06 | | 55,699.06 | |
| | \$ | - | | | | |
| Overtime | | | \$ | 43.01 | \$ | 43.01 |
| | \$ | - | \$ | | | |
| Other Wages & Salary | | | 975.14 | \$ | 975.14 | |
| | | | \$ | | | |
| ADP Fees | | | 100.00 | \$ | 100.00 | |
| | \$ | | | \$ | | |
| TOTAL Wages & Salary | 2,169.00 | | \$54,809.50 | | 56,978.50 | |
| | \$ | | | | | |
| TOTAL EXPENSES | 45,469.29 | | \$79,229.26 | | \$124,698.55 | |

TOTAL DISBURSEMENTS

\$124,698.55

NET RECEIPTS (DISBURSEMENTS) FOR THE CURRENT PERIOD

\$
44,015.16

ENDING BALANCE IN _BROADWAY BANK -3208.14
(Name of Bank)
ENDING BALANCE IN _____
(Name of Bank)
ENDING BALANCE IN ALL ACCOUNTS

OPERATING REPORT Page 1

EXHIBIT "B"

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

RECEIPTS LISTING

FOR MONTH ENDING October 31, 2008

Bank: BROADWAYBANK
Location:
Account Name: AYA DENTAL

Account No.: 107998701

| <u>DATE RECEIVED</u> | <u>DESCRIPTION</u> | <u>AMOUNT</u> |
|-----------------------|--------------------|---------------|
| 10/01/2009-10/31/2009 | Checks | 142663.37 |
| 10/01/2009-10/31/2009 | Charge | 13378.34 |
| 10/01/2009-10/31/2009 | Cash | 12672.00 |

TOTAL: 168713.71

Receipts may be identified by major categories. It is not necessary to list each transaction separately by name of customer or invoice number. You must, however, create a separate list for each bank account to which receipts were deposited during the month.

OPERATING REPORT Page 2

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

DISBURSEMENT LISTING

FOR MONTH ENDING OCTOBER 31, 2008

Bank: BROADWAYBANK

Location:

Account Name: AYA DENTAL

Account No.: 107998701

| <u>DATE DISBURSED</u> | <u>CHECK NO.</u> | <u>DESCRIPTION</u> | <u>AMOUNT</u> |
|-----------------------|------------------|-------------------------------|---------------|
| 10/13/2008 | 1603 | Medical Oxygen | -33.71 |
| 10/20/2008 | 1636 | Medical Oxygen | -32.8 |
| 10/2/2008 | 1502 | AOA | -165.15 |
| 10/28/2008 | 1724 | AOA | -154.4 |
| | | | -150.88 |
| 10/27/2008 | 1698 | Dynamic Automation, Inc | -196 |
| 10/22/2008 | 1669 | Patterson Dental | -5,955.33 |
| 10/2/2008 | 1491 | Medical Arts Press | -19.24 |
| 10/7/2008 | 1544 | OfficeMax | -263.12 |
| 10/13/2008 | 1608 | Medical Arts Press | -178.8 |
| 10/28/2008 | 1707 | Medical Arts Press | -211.19 |
| 10/28/2008 | 1716 | SmileMakers | -210.24 |
| 10/7/2008 | 1555 | United States Postal Services | -696.6 |
| 10/28/2008 | 1722 | Pitney Bowes | -1,000.00 |

| | | | |
|------------|------|-----------------------|------------|
| 10/7/2008 | 1545 | Grace Printing | -3,780.00 |
| 10/20/2008 | 1630 | Humana Dental | -179 |
| 10/20/2008 | 1631 | Humana Dental | -140.5 |
| 10/2/2008 | 1485 | Addent, LLC | -25,500.00 |
| | | Norcomm Public Safety | |
| 10/20/2008 | 1642 | Communication | -165 |
| 10/28/2008 | 1715 | Direct TV | -74.98 |
| 10/2/2008 | 1498 | Comed | -1,660.57 |
| 10/24/2008 | 1676 | Comed | -1,222.79 |
| 10/20/2008 | 1647 | Allied Waste Services | -408.33 |
| 10/24/2008 | 1673 | **VOID**Orkin | 0 |
| 10/2/2008 | 1490 | Cavalier | -93.08 |
| 10/10/2008 | 1562 | At&T | -12.3 |
| 10/10/2008 | 1563 | At&T | -472.5 |
| 10/10/2008 | 1567 | At&T | -323.78 |
| 10/2/2008 | 1470 | Maricar Anselmo | -560 |
| 10/2/2008 | 1475 | Judy Canelo | -400 |
| 10/13/2008 | 1583 | Tarik Al-Diery | -560 |
| 10/13/2008 | 1587 | Carol Altube | -99 |
| 10/24/2008 | 1688 | Tarik Al-Diery | -550 |
| | | Corporate Expenses | -79229.26 |

TOTAL: \$124698.55

You must create a separate list for each bank account from which disbursements were made during the month.

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

FOR MONTH ENDING _____, 20__

STATEMENT OF INVENTORY

| | |
|----------------------------------|--------------------|
| Beginning inventory | \$ _____ N/A _____ |
| Add: purchases | \$ _____ N/A _____ |
| Less: goods sold (cost basis) | \$ _____ N/A _____ |
| Ending inventory | \$ _____ N/A _____ |

PAYROLL INFORMATION STATEMENT

| | |
|-------------------------------|--------------------------|
| Gross payroll for this period | \$ DONE QUARTERLY |
| Payroll taxes due but unpaid | \$ DONE QUARTERLY |

STATUS OF PAYMENTS TO SECURED CREDITORS AND LESSORS

| Name of Creditor/ Lessor | Date regular payment is due | Amount of regular payment due | Number of payments delinquent | Amount of payments Delinquent |
|-----------------------------|--------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Broadway Bank | 28th | \$ 1,714.77 | 0 | 0 |
| Broadway Bank | 30th | \$ 5,473.75 | 0 | 0 |
| Key Bank | 3rd | \$ 268.80 | 0 | 0 |

* Include only post-petition payments.

OPERATING REPORT Page 4

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____
FOR MONTH ENDING _____, 20__

STATEMENT OF AGED RECEIVABLES

ACCOUNTS RECEIVABLE:

| | | | | |
|----------------------------|----------------------|----------------------|------------------------|------------------------------|
| Beginning of month balance | \$946921.46 | | | |
| Add: Billing Adjustment | \$389378.22 | | | |
| Add: sales on account | \$143277.51 | | | |
| Less: collections | \$168713.71 | | | |
| End of month balance | \$1310863.48 | | | |
| 0-30 <u>Days</u> | 31-60 <u>Days</u> | 61-90 <u>Days</u> | Over 90 <u>Days</u> | End of Month <u>TOTAL</u> |
| \$135085.99 | \$104091.36 | \$18296.22 | 694654.77 | \$1310863.48 |

STATEMENT OF ACCOUNTS PAYABLE (POST-PETITION)

| | | | | |
|----------------------------|----------------------|----------------------|------------------------|------------------------------|
| Beginning of month balance | \$ _____ | | | |
| Add: credit extended | \$45779.70 | | | |
| Less: payments of account | \$45779.70 | | | |
| End of month balance | \$ _____ | | | |
| 0-30 <u>Days</u> | 31-60 <u>Days</u> | 61-90 <u>Days</u> | Over 90 <u>Days</u> | End of Month <u>TOTAL</u> |
| \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

If any of the above have not been paid, state below the tax not paid, the amounts past due and the date of last payment.

Print or type name and capacity of
person signing this Declaration:

For the Debtor In Possession (Trustee)

R. Adams

6.15.09

I, Thasam ADAMI, acting as the duly authorized agent for the Debtor in Possession (Trustee) declare under penalty of perjury under the laws of the United States that I have read and I certify that the figures, statements, disbursement itemizations, and account balances as listed in this Monthly Report of the Debtor are true and correct as of the date of this report to the best of my knowledge, information and belief.

DECLARATION UNDER PENALTY OF PERJURY

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

Form 6123 (rev. 06-97)

Cat. #43099Z

| | |
|--|-----------------|
| Name and Title (print or type) | |
| Signed: _____ Date: _____ | |
| Under penalties of perjury, I certify that the above federal tax deposit information is true and correct | |
| Depositor's Employer Identification Number: _____ | |
| Name and Address of Bank | |
| Amount (Form 940) | Date of Deposit |
| Amount (Form 941) | Date of Deposit |
| EFTPS acknowledgment number or Form 8109 FTD received by: | |
| EFTPS acknowledgment number or Form 8109 FTD received by: | |
| Deposit Method (check box) <input type="checkbox"/> Form 8109/8109B Federal Tax Deposit (FTD) coupon <input type="checkbox"/> Electronic Federal Tax Payment System (EFTPS) Deposit | |

IN THE UNITED STATES BANKRUPTCY COURT
 FOR THE NORTHERN DISTRICT OF ILLINOIS
 EASTERN DIVISION

CASE NAME: Dental Profile, Inc CASE NO. 08-17148

SUMMARY OF CASH RECEIPTS AND CASH DISBURSEMENTS

For Month Ending November 30, 2008 Dental Profile

BEGINNING BALANCE IN ALL ACCOUNTS -13144.8

| | Dental Profile | Corporate | Total |
|-----------------------------|-------------------|-------------|-------------|
| RECEIPTS: | | | |
| 1. Receipts from operations | \$ 92,759.18 | | |
| 2. Other Receipts | | | |
| DISBURSEMENTS: | | | |
| Accountant Fees | | \$ - | \$ - |
| Addvertisement | \$ - | \$ - | \$ - |
| association fee | \$ - | \$ - | \$ - |
| Attorney fee | \$ - | \$ - | \$ - |
| Auto | \$ - | \$ 204.63 | \$ 204.63 |
| Bank Fees | | \$ 582.53 | \$ 582.53 |
| car payment | \$ - | \$ 762.87 | \$ 762.87 |
| Computer | \$ - | \$ 460.68 | \$ 460.68 |
| credit card | \$ - | \$ 691.02 | \$ 691.02 |
| Dental supplys | \$ - | \$ 95.06 | \$ 95.06 |
| Healthcare | \$ - | \$ - | \$ - |
| Insurance | \$ 351.00 | \$ 3,891.56 | \$ 4,242.56 |
| Labaratory | \$ 3,598.79 | \$ - | \$ 3,598.79 |
| Loan | \$ - | \$ 6,831.86 | \$ 6,831.86 |
| Maintenance | \$ - | \$ - | \$ - |
| Medical | \$ - | \$ 90.51 | \$ 90.51 |
| Medical products | \$ 6,448.73 | \$ 107.39 | \$ 6,556.12 |
| Medical supplies | \$ - | \$ 336.82 | \$ 336.82 |
| Misc | \$ - | \$ 149.72 | \$ 149.72 |
| Office products | \$ 989.93 | \$ - | \$ 989.93 |
| Postage | \$ 1,696.60 | \$ 23.89 | \$ 1,720.49 |
| Printed supplys | \$ - | \$ - | \$ - |
| Refund | \$ 1,152.45 | \$ - | \$ 1,152.45 |
| Rent | \$ 25,500.00 | \$ 512.51 | \$26,012.51 |
| Taxes-Social Security | | \$ - | \$ - |
| Taxes-Medicare | \$ - | \$ - | \$ - |
| Taxes-unemployment | \$ - | \$ - | \$ - |
| State Taxes | \$ - | \$ - | \$ - |
| Ticket | \$ - | \$ - | \$ - |
| Transfer | \$ - | \$ - | \$ - |
| Utilities | | \$ - | \$ - |
| Alarm | \$ 299.40 | \$ - | \$ 299.40 |

| | | | |
|---------------------------------|-------------|-------------|-------------|
| Cable TV | \$ - | \$ - | \$ - |
| drinking water | \$ - | \$ - | \$ - |
| Electricity | \$ 919.08 | \$ - | \$ 919.08 |
| Garbage & Recycling | \$ 1,457.61 | \$ - | \$ 1,457.61 |
| Gas & Electric | \$ 242.87 | \$ - | \$ 242.87 |
| Telephone | \$ 683.56 | \$ 345.10 | \$ 1,028.66 |
| Water | \$ 491.83 | \$ - | \$ 491.83 |
| Other Utilities | \$ - | \$ - | \$ - |
| TOTAL Utilities | \$ 4,094.35 | \$ 345.10 | \$ 4,439.45 |
| Wages & Salary | | \$ - | \$ - |
| Gross Pay | \$ 3,992.38 | \$ 1,584.15 | \$ 5,576.53 |
| Overtime | \$ - | \$ 73.71 | \$ 73.71 |
| ADP Payroll | | \$ - | \$ - |
| ADP Fees | | \$ 68.98 | \$ 68.98 |
| Dentist Compensation | | \$44,699.54 | \$44,699.54 |
| TOTAL Wages & Salary | \$ 3,992.38 | \$46,426.38 | \$50,418.76 |

TOTAL DISBURSEMENTS \$ 109,336.76

NET RECEIPTS (DISBURSEMENTS) FOR THE CURRENT PERIOD \$ (16,577.58)

ENDING BALANCE IN _____
(Name of Bank)

ENDING BALANCE IN _____
(Name of Bank)

ENDING BALANCE IN ALL ACCOUNTS \$ (3,064.94)

OPERATING REPORT Page 1

EXHIBIT "B"

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

RECEIPTS LISTING

FOR MONTH ENDING NOVEMBER 30, 2008

Bank: BROADWAYBANK
Location:

Account Name: AYA DENTAL

Account No.: 107998701

| <u>DATE RECEIVED</u> | <u>DESCRIPTION</u> | <u>AMOUNT</u> |
|-----------------------|--------------------|---------------|
| 11/01/2008-11/30/2008 | CHECKS | 70517.22 |
| 11/01/2008-11/30/2008 | CASH | 10703.00 |
| 11/01/2008-11/30/2008 | CHARGE | 11732.96 |

TOTAL: 92953.18

Receipts may be identified by major categories. It is not necessary to list each transaction separately by name of customer or invoice number. You must, however, create a separate list for each bank account to which receipts were deposited during the month.

OPERATING REPORT Page 2

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

DISBURSEMENT LISTING

FOR MONTH ENDING NOVEMBER 30, 2008

| <u>DISBURSED</u> | <u>CHECK NO.</u> | <u>DESCRIPTION</u> | <u>AMOUNT</u> |
|------------------|------------------|--|---------------|
| 11/19/2008 | 1908 | Amercan Family Insurance | -351 |
| 11/3/2008 | 1744 | Mirage Dental Art | -3,434.25 |
| 11/13/2008 | 1866 | AOA | -93.58 |
| | | | -70.96 |
| 11/24/2008 | 1954 | Patterson Dental | -6,448.73 |
| 11/11/2008 | 1850 | OfficeMax | -812.45 |
| 11/18/2008 | 1888 | Medical Arts Press | -19.24 |
| 11/21/2008 | 1925 | SmileMakers | -158.24 |
| 11/3/2008 | 1753 | United States Postal Services | -696.6 |
| 11/18/2008 | 1890 | Pitney Bowes | -1,000.00 |
| 11/6/2008 | 1818 | Humana Dental | -14.4 |
| 11/6/2008 | 1819 | Lowell Maiers | -424 |
| 11/17/2008 | 1874 | Flores Hilda | -540 |
| 11/25/2008 | 1971 | Doral Dental | -174.05 |
| 11/3/2008 | 1738 | Addent, LLC | -25,500.00 |
| 11/25/2008 | 1970 | Stand Guard Inc. | -299.4 |
| 11/21/2008 | 1921 | Comed | -919.08 |
| 11/13/2008 | 1864 | Stericycle | -884.43 |
| 11/21/2008 | 1920 | Allied Waste Services Hazchem Environmental | -408.33 |
| 11/24/2008 | 1965 | Corporation | -164.85 |
| 11/21/2008 | 1927 | Nicor Gas | -242.87 |
| 11/18/2008 | 1882 | At&T | -329.27 |
| 11/18/2008 | 1883 | **VOID**At&T | 0 |
| 11/19/2008 | 1897 | At&T | -166.29 |
| 11/21/2008 | 1916 | Cavalier | -188 |
| 11/4/2008 | 1756 | Village Of Addison | -491.83 |
| 11/3/2008 | 1749 | Judith Canelo | -400 |
| 11/4/2008 | 1769 | Maricar Anselmo | -248.22 |
| 11/10/2008 | 1830 | Tarik Al-Diery | -670 |
| 11/18/2008 | 1877 | Judith Canelo | -2,044.16 |
| 11/24/2008 | 1943 | Tarik Al-Diery | -630 |
| | | Corporate Expenses | -61512.53 |

TOTAL: -109336.76

You must create a separate list for each bank account from which disbursements were made during the month.

OPERATING REPORT Page 3

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

FOR MONTH ENDING _____, 20__

STATEMENT OF INVENTORY

| | |
|----------------------------------|--------------------|
| Beginning inventory | \$ _____ N/A _____ |
| Add: purchases | \$ _____ N/A _____ |
| Less: goods sold (cost basis) | \$ _____ N/A _____ |
| Ending inventory | \$ _____ N/A _____ |

PAYROLL INFORMATION STATEMENT

Gross payroll for this period **\$ DONE QUARTERLY**
Payroll taxes due but unpaid **\$ DONE QUARTERLY**

STATUS OF PAYMENTS TO SECURED CREDITORS AND LESSORS

| Name of Creditor/ Lessor | Date regular payment is due | Amount of regular payment due | Number of payments delinquent | Amount of payments Delinquent |
|-----------------------------|--------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Broadway Bank | 28th | \$ 1,469.16 | 0 | 0 |
| Broadway Bank | 30th | \$ 4,689.75 | 0 | 0 |
| Key Bank | 3rd | \$ 230.30 | 0 | 0 |

* Include only post-petition payments.

OPERATING REPORT Page 4

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____
FOR MONTH ENDING _____, 20__

STATEMENT OF AGED RECEIVABLES

ACCOUNTS RECEIVABLE:

Beginning of month balance \$1310863.48

| | |
|--------------------------|-------------|
| Less: Billing Adjustment | \$417815.74 |
| Add: sales on account | \$143647.09 |
| Less: collections | \$92953.18 |
| End of month balance | \$943741.65 |

| | | | | |
|---------------------|----------------------|----------------------|------------------------|------------------------------|
| 0-30 <u>Days</u> | 31-60 <u>Days</u> | 61-90 <u>Days</u> | Over 90 <u>Days</u> | End of Month <u>TOTAL</u> |
| \$174580.58 | \$61300.02 | \$27810.93 | \$680050.12 | \$943741.65 |

STATEMENT OF ACCOUNTS PAYABLE (POST-PETITION)

| | |
|----------------------------|------------|
| Beginning of month balance | \$ _____ |
| Add: credit extended | \$39172.98 |
| Less: payments of account | \$39172.98 |
| End of month balance | \$ _____ |

| | | | | |
|---------------------|----------------------|----------------------|------------------------|------------------------------|
| 0-30 <u>Days</u> | 31-60 <u>Days</u> | 61-90 <u>Days</u> | Over 90 <u>Days</u> | End of Month <u>TOTAL</u> |
|---------------------|----------------------|----------------------|------------------------|------------------------------|

ITEMIZE ALL POST-PETITION PAYABLES OVER 30 DAYS OLD ON A SEPARATE SCHEDULE AND FILE WITH THIS REPORT

OPERATING REPORT Page 5

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

FOR MONTH ENDING _____, 20__

TAX QUESTIONNAIRE

Debtors in possession and trustees are required to pay all taxes incurred after the filing of their Chapter 11 petition on an as due basis. Please indicate whether the following post petition taxes or withholdings have been paid currently.

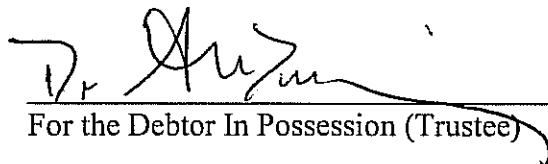
- | | | | |
|----|-----------------------------|---|--|
| 1. | Federal Income Taxes | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 2. | FICA withholdings | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 3. | Employee's withholdings | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 4. | Employer's FICA | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 5. | Federal Unemployment Taxes | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 6. | State Income Tax | Yes (<input type="checkbox"/>) | No (<input checked="" type="checkbox"/>) |
| 7. | State Employee withholdings | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 8. | All other state taxes | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |

If any of the above have not been paid, state below the tax not paid, the amounts past due and the date of last payment.

OPERATING REPORT Page 6

| | |
|---|---|
| Form 6123 (Rev. 06-97) | Department of the Treasury-Internal Revenue Service Verification of Fiduciary's Federal Tax Deposit |
| Do not attach this Notice to your Return | |
| TO | District Director, Internal revenue Service Attn: Chief, Special Procedures Function |
| FROM: | Name of Taxpayer Taxpayer Address |

I, Husam Alwaril, acting as the duly authorized agent for the Debtor in Possession (Trustee) declare under penalty of perjury under the laws of the United States that I have read and I certify that the figures, statements, disbursement itemizations, and account balances as listed in this Monthly Report of the Debtor are true and correct as of the date of this report to the best of my knowledge, information and belief.


For the Debtor In Possession (Trustee)

Print or type name and capacity of
person signing this Declaration:

DATED: 6.15.09.

OPERATING REPORT Page 8

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: Dental Profile, Inc CASE NO. 08-17148

SUMMARY OF CASH RECEIPTS AND CASH DISBURSEMENTS

For Month Ending December 31, 2008 Dental Profile

| | \$ | | |
|-----------------------------------|----------------|-------------|-------------|
| BEGINNING BALANCE IN ALL ACCOUNTS | (13,144.80) | | |
| | Dental Profile | Corporate | Total |
| RECEIPTS: | | | |
| 1. Receipts from operations | \$ 120,113.31 | | 120113.31 |
| 2. Other Receipts | | | 0 |
| DISBURSEMENTS: | | | 0 |
| Uncategorized | \$ - | \$ - | \$ - |
| Accountant Fee | \$ - | \$ 199.32 | \$ 199.32 |
| Aldairi Personal | \$ - | \$ - | \$ - |
| association fee | \$ - | \$ - | \$ - |
| Attorney fee | \$ - | \$ 184.03 | \$ 184.03 |
| Auto | | \$ - | \$ - |
| Loan | \$ - | \$ 193.00 | \$ 193.00 |
| TOTAL Auto | \$ - | \$ 193.00 | \$ 193.00 |
| Bank Fees | | \$ 446.69 | \$ 446.69 |
| car payment | \$ - | \$ 1,473.58 | \$ 1,473.58 |
| Computer | \$ - | \$ 434.49 | \$ 434.49 |
| credit card | \$ - | \$ 1,955.20 | \$ 1,955.20 |
| Dental supplys | \$ - | \$ 87.25 | \$ 87.25 |
| Healthcare | | \$ - | \$ - |
| Other Healthcare | \$ - | \$ - | \$ - |
| TOTAL Healthcare | \$ - | \$ - | \$ - |
| Insurance | | \$ - | \$ - |
| Health | \$ - | \$ 477.01 | \$ 477.01 |
| Other Insurance | \$ - | \$ 121.85 | \$ 121.85 |
| TOTAL Insurance | \$ - | \$ 598.86 | \$ 598.86 |

| | | | |
|------------------------|--------------|-------------|--------------|
| Labaratory | \$ 10,047.80 | \$ - | \$ 10,047.80 |
| Loan | | \$ - | \$ - |
| Other Loan | \$ - | \$ 6,073.33 | \$ 6,073.33 |
| TOTAL Loan | \$ - | \$ 6,073.33 | \$ 6,073.33 |
| Maintenance | | \$ - | \$ - |
| Other Maintenance | \$ 150.00 | \$ 57.80 | \$ 207.80 |
| TOTAL Maintenance | \$ 150.00 | \$ 57.80 | \$ 207.80 |
| Medical | | \$ - | \$ - |
| Other Medical | \$ - | \$ - | \$ - |
| TOTAL Medical | \$ - | \$ - | \$ - |
| Medical products | \$ 621.00 | \$ - | \$ 621.00 |
| Medical supplies | | \$ - | \$ - |
| Other Medical supplies | \$ - | \$ 317.67 | \$ 317.67 |
| TOTAL Medical supplies | \$ - | \$ 317.67 | \$ 317.67 |
| Misc | \$ - | \$ - | \$ - |
| Mortgage | | \$ - | \$ - |
| Other Mortgage | \$ - | \$ - | \$ - |
| TOTAL Mortgage | \$ - | \$ - | \$ - |
| Office products | \$ - | \$ 382.24 | \$ 382.24 |
| Postage | | \$ - | \$ - |
| Other Postage | \$ 229.45 | \$ 48.25 | \$ 277.70 |
| TOTAL Postage | \$ 229.45 | \$ 48.25 | \$ 277.70 |
| Printed supplys | \$ 2,110.00 | \$ - | \$ 2,110.00 |
| Refund | \$ 760.00 | \$ - | \$ 760.00 |
| Rent | \$ 26,020.00 | \$ 5,128.57 | \$ 31,148.57 |
| Supplys | \$ - | \$ 70.05 | \$ 70.05 |
| Transfer | \$ - | \$ - | \$ - |
| Utilities | | \$ - | \$ - |
| Alarm | \$ 30.00 | \$ - | \$ 30.00 |
| Cable TV | \$ - | \$ - | \$ - |

| | | | |
|---------------------------------|----------------------|---------------------|----------------------|
| Electricity | \$ 805.45 | \$ - | \$ 805.45 |
| Garbage & Recycling | \$ 583.80 | \$ 53.64 | \$ 637.44 |
| Gas & Electric | \$ 578.60 | \$ 1,303.47 | \$ 1,882.07 |
| Telephone | \$ 329.23 | \$ 534.35 | \$ 863.58 |
| Water | \$ - | \$ - | \$ - |
| Other Utilities | \$ - | \$ - | \$ - |
| TOTAL Utilities | \$ 2,327.08 | \$ 148.07 | \$ 2,475.15 |
| Wages & Salary | | \$ - | \$ - |
| Bonus | \$ - | \$ 130.35 | \$ 130.35 |
| Gross Pay | \$ 1,339.88 | \$ 39,728.75 | \$ 41,068.63 |
| Overtime | \$ - | \$ 120.44 | \$ 120.44 |
| Other Wages & Salary | \$ - | \$ 2,175.75 | \$ 2,175.75 |
| ADP Fees | | \$ - | \$ - |
| Adp Payroll | \$ 64,814.00 | \$ 7,093.47 | \$ 71,907.47 |
| Payroll Taxes | \$ 6,817.16 | \$ 682.81 | \$ 7,499.97 |
| TOTAL Wages & Salary | \$ 72,971.04 | \$ 42,155.29 | \$ 115,126.33 |
| | | \$ - | \$ - |
| TOTAL EXPENSES | \$ 115,236.37 | \$ 59,953.67 | \$ 175,190.04 |

| | |
|--|-------------------|
| TOTAL DISBURSEMENTS | \$ 175,190.04 |
| NET RECEIPTS (DISBURSEMENTS) FOR THE CURRENT PERIOD | \$ (55,076.73) |
| ENDING BALANCE IN _BROADWAY BANK (Name of Bank) | -3064.94 |
| ENDING BALANCE IN _____ (Name of Bank) | |
| ENDING BALANCE IN ALL ACCOUNTS | |

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

RECEIPTS LISTING

FOR MONTH ENDING DECEMBER 31, 2008

Bank: BROADWAYBANK

Location:

Account Name: AYA DENTAL

Account No.: 107998701

| <u>DATE RECEIVED</u> | <u>DESCRIPTION</u> | <u>AMOUNT</u> |
|----------------------|--------------------|---------------|
| 12/01/08-12/31/08 | Insurance Checks | 95033.41 |
| 12/01/08-12/31/08 | Charge | 16474.70 |
| 12/01/08-12/31/08 | Cash | 8605.20 |

TOTAL:120113.31

Receipts may be identified by major categories. It is not necessary to list each transaction separately by name of customer or invoice number. You must, however, create a separate list for each bank account to which receipts were deposited during the month.

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

DISBURSEMENT LISTING

FOR MONTH ENDING DECEMBER 31, 2008

Bank: BROADWAYBANK

Location:

Account Name: AYA DENTAL

Account No.: 107998701

| Date | Check Number | Description | Amount |
|------------|-----------------|---|------------|
| 12/4/2008 | 1991 | Mirage Dental Art | -10,000.00 |
| 12/9/2008 | 2039 | AOA | -47.8 |
| 12/29/2008 | 2144 | Dirk Reed | -150 |
| 12/9/2008 | 2040 | Tutogen Medical Inc | -621 |
| 12/9/2008 | 2050 | Pitney Bowes | -229.45 |
| 12/10/2008 | 2066 | Grace Printing | -2,110.00 |
| 12/16/2008 | 2113 | **VOID**Hector Perez, JR North Avenue & Route 83 Currency Exchange | 0 |
| 12/16/2008 | 2114 | Inc. | -80 |
| 12/16/2008 | 2115 | First Rehab Life | -89 |
| 12/30/2008 | 2152 | Brenda Donahue | -591 |
| 12/3/2008 | 1984 | **VOID**Addent, LLC | 0 |
| 12/8/2008 | 2033 | **VOID**Addent, LLC | 0 |
| 12/30/2008 | 2150 | Addent, LLC | -26,020.00 |
| 12/3/2008 | 1975 | Addison Police Department | -30 |
| 12/9/2008 | 2057 | Comed | -805.45 |
| 12/9/2008 | 2045 | Stericycle | -583.8 |
| 12/9/2008 | 2055 | Nicor Gas | -578.6 |
| 12/22/2008 | 2129 | At&T | -329.23 |
| 12/3/2008 | 1987 | Ivonne Garcia | -867.88 |
| 12/16/2008 | 2109 | Judith Canelo | -400 |
| 12/30/2008 | 2149 | Erika Salazar | -72 |
| | | 4 th Qt ADP Payroll | -64814.00 |
| | | 4 th Qt ADP Taxes | -6817.16 |
| | | Corporate Expenses | -59953.67 |
| | | OVERALL TOTAL | 175190.04 |

You must create a separate list for each bank account from which disbursements were made during the month.

OPERATING REPORT Page 3

IN THE UNITED STATES BANKRUPTCY COURT FOR THE NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____
FOR MONTH ENDING _____, 20__

STATEMENT OF INVENTORY

| | |
|----------------------------------|--------------------|
| Beginning inventory | \$ _____ N/A _____ |
| Add: purchases | \$ _____ N/A _____ |
| Less: goods sold (cost basis) | \$ _____ N/A _____ |
| Ending inventory | \$ _____ N/A _____ |

PAYROLL INFORMATION STATEMENT

| | |
|-------------------------------|-------------------|
| Gross payroll for this period | \$ 64814 |
| Payroll taxes due but unpaid | \$ 6817.16 |

STATUS OF PAYMENTS TO SECURED CREDITORS AND LESSORS

| Name of Creditor/ Lessor | Date regular payment is due | Amount of regular payment due | Number of payments delinquent | Amount of payments Delinquent |
|-----------------------------|--------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Broadway Bank | 28th | \$ 1,385.59 | 0 | 0 |
| Broadway Bank | 30th | \$ 4,422.98 | 0 | 0 |
| Key Bank | 3rd | \$ 217.20 | 0 | 0 |

* Include only post-petition payments.

OPERATING REPORT Page 4

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____
FOR MONTH ENDING _____, 20__

STATEMENT OF AGED RECEIVABLES

ACCOUNTS RECEIVABLE:

| | | | | |
|----------------------------|-----------------------------|-----------------------------|-------------------------------|-------------------------------------|
| Beginning of month balance | | | | \$943741.65 |
| Less: Billing Adjustment | | | | \$52876.41 |
| Add: sales on account | | | | \$180818.06 |
| Less: collections | | | | \$120113.31 |
| End of month balance | | | | \$951569.99 |
| <u>0-30</u> <u>Days</u> | <u>31-60</u> <u>Days</u> | <u>61-90</u> <u>Days</u> | <u>Over 90</u> <u>Days</u> | <u>End of Month</u> <u>TOTAL</u> |
| \$121873.91 | \$80464.22 | \$36581.10 | \$712650.76 | \$951569.99 |

STATEMENT OF ACCOUNTS PAYABLE (POST-PETITION)

Beginning of month balance \$ _____

| | |
|---------------------------|------------|
| Add: credit extended | \$41908.70 |
| Less: payments of account | \$41908.70 |
| End of month balance | \$ _____ |

| | | | | |
|---------------------|----------------------|----------------------|------------------------|------------------------------|
| 0-30 <u>Days</u> | 31-60 <u>Days</u> | 61-90 <u>Days</u> | Over 90 <u>Days</u> | End of Month <u>TOTAL</u> |
| \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

ITEMIZE ALL POST-PETITION PAYABLES OVER 30 DAYS OLD ON A SEPARATE SCHEDULE AND FILE WITH THIS REPORT

OPERATING REPORT Page 5

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

FOR MONTH ENDING _____, 20____

TAX QUESTIONNAIRE

Debtors in possession and trustees are required to pay all taxes incurred after the filing of their Chapter 11 petition on an as due basis. Please indicate whether the following post petition taxes or withholdings have been paid currently.

- | | | | |
|----|-----------------------------|-----------|----------|
| 1. | Federal Income Taxes | Yes (x) | No () |
| 2. | FICA withholdings | Yes (x) | No () |
| 3. | Employee's withholdings | Yes (x) | No () |
| 4. | Employer's FICA | Yes (x) | No () |
| 5. | Federal Unemployment Taxes | Yes (x) | No () |
| 6. | State Income Tax | Yes () | No (x) |
| 7. | State Employee withholdings | Yes (x) | No () |

8. All other state taxes Yes (x) No ()

If any of the above have not been paid, state below the tax not paid, the amounts past due and the date of last payment.

OPERATING REPORT Page 6

| | |
|---|---|
| Form 6123 (Rev. 06-97) | Department of the Treasury-Internal Revenue Service Verification of Fiduciary's Federal Tax Deposit |
| Do not attach this Notice to your Return | |
| TO | District Director, Internal revenue Service Attn: Chief, Special Procedures Function |
| FROM: | Name of Taxpayer |
| | Taxpayer Address |
| The following information is to notify you of Federal tax deposit(s)(FTD) as required by the United States Bankruptcy Court (complete sections 1 and/or 2 as appropriate): | |
| Section 1 Taxes Reported on Form 941, Employer's Quarterly Federal Tax Return | <p align="center">Form 941 Federal Tax Deposit (FTD) Information</p> <p align="center">for the payroll period from _____ to _____</p> <p align="center">Payroll date</p> <p align="right">Gross wages paid to employees \$</p> <p align="right">Income tax withheld \$</p> <p align="right">Social Security (Employer's plus Employee's share of Social Security Tax) \$</p> <p align="right">Tax Deposited \$</p> <p align="right">Date Deposited</p> |

Case 1:15-bk-01481 Document 15-1 Filed 06/15/15 Page 10 of 11
 Case 1:15-bk-01481 Document 15-1 Filed 06/15/15 Page 10 of 11
 Form 940, Employer's Annual Federal Unemployment Tax Return
 Gross wages paid to employees \$
 Tax Deposited \$
 Date Deposited

Certification
(Certification is limited to receipt or electronic transmittal of deposit only)
 This certifies receipt or electronic transmittal of deposits described below for Federal taxes as defined in Circular E, Employer's Tax Guide (Publication 15)

| | |
|---|---|
| Deposit Method (check box) | <input type="checkbox"/> Form 8109/8109B Federal Tax Deposit (FTD) coupon <input type="checkbox"/> Electronic Federal Tax Payment System (EFTPS) Deposit |
| Amount (Form 941) | Date of Deposit |
| EFTPS acknowledgment number or Form 8109 FTD received by: | |
| Amount (Form 940) | Date of Deposit |
| EFTPS acknowledgment number or Form 8109 FTD received by: | |
| Depositor's Employer Identification Number: | Name and Address of Bank |

Under penalties of perjury, I certify that the above federal tax deposit information is true and correct

Signed: _____ Date: _____

Name and Title (print or type) _____

Cat. #43099Z

Form **6123** (rev. 06-97)

IN THE UNITED STATES BANKRUPTCY COURT
 FOR THE NORTHERN DISTRICT OF ILLINOIS
 EASTERN DIVISION

DECLARATION UNDER PENALTY OF PERJURY

I, Husam ADARI, acting as the duly authorized agent for the Debtor in Possession (Trustee) declare under penalty of perjury under the laws of the United States that I have read and I certify that the figures, statements, disbursement itemizations, and account balances as listed in this Monthly Report of the Debtor are true and correct as of the date of this report to the best of my knowledge, information and belief.

Print or type name and capacity of
person signing this Declaration:

DATED: 6.15.09

OPERATING REPORT Page 8

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____

CASE NO.: _____

Office of the U.S. Trustee
227 W. Monroe Street; Suite 3350
Chicago, IL 60606

Debtor:

Notice Date: _____

Account Number: _____

Amount Due: _____

NOTICE OF UNPAID FEES AND IMPENDING COLLECTION ACTIONS

IN THE UNITED STATES BANKRUPTCY COURT
 FOR THE NORTHERN DISTRICT OF ILLINOIS
 EASTERN DIVISION

CASE NAME: Dental Profile, Inc CASE NO. 08-17148

SUMMARY OF CASH RECEIPTS AND CASH DISBURSEMENTS

For Month Ending January 31, 2009 Dental Profile

| | | | |
|-----------------------------------|----------------|-------------|--------------|
| BEGINNING BALANCE IN ALL ACCOUNTS | \$ (3,064.94) | | |
| | Dental Profile | Corporate | Total |
| RECEIPTS: | | | |
| 1. Receipts from operations | \$ 230,233.80 | | 230233.8 |
| 2. Other Receipts | | | 0 |
| DISBURSEMENTS: | | | 0 |
| Uncategorized | \$ - | \$ - | \$ - |
| Accounting | | \$ 589.03 | \$ 589.03 |
| association fee | \$ - | \$ - | \$ - |
| Bank Fees | | \$ 768.73 | \$ 768.73 |
| car payment | \$ - | \$ 1,057.83 | \$ 1,057.83 |
| Clothing | \$ - | \$ - | \$ - |
| credit card | \$ - | \$ 3,769.78 | \$ 3,769.78 |
| Dental supplys | \$ 102.89 | \$ - | \$ 102.89 |
| Healthcare | | \$ - | \$ - |
| Insurance | \$ - | \$ 2,866.10 | \$ 2,866.10 |
| Labaratory | \$ - | \$ 8,246.39 | \$ 8,246.39 |
| Lease | \$ - | \$ 43.27 | \$ 43.27 |
| Loan | \$ - | \$ 8,198.59 | \$ 8,198.59 |
| Maintenance | \$ 1,291.31 | \$ - | \$ 1,291.31 |
| Medical | \$ - | \$ - | \$ - |
| Medical products | \$ 9,587.51 | \$ 4,005.39 | \$ 13,592.90 |
| Misc | \$ - | \$ 382.87 | \$ 382.87 |
| Mortgage | \$ - | \$ - | \$ - |
| Office products | \$ 545.23 | \$ 75.97 | \$ 621.20 |
| Postage | \$ 1,156.54 | \$ 55.48 | \$ 1,212.02 |
| Printed supplys | \$ - | \$ - | \$ - |
| Refund | \$ 214.40 | \$ - | \$ 214.40 |
| Rent | \$ 26,020.00 | \$ 5,562.15 | \$ 31,582.15 |
| Supplys | \$ 143.21 | \$ 36.22 | \$ 179.43 |
| Utilities | | \$ - | \$ - |
| Alarm | \$ 165.00 | \$ - | \$ 165.00 |
| Cable | \$ 76.97 | \$ 35.10 | \$ 112.07 |
| Cable TV | \$ - | \$ - | \$ - |
| drinking water | \$ - | \$ 194.31 | \$ 194.31 |
| Electricity | \$ 973.35 | \$ - | \$ 973.35 |
| Garbage & Recycling | \$ 2,260.13 | \$ - | \$ 2,260.13 |
| Gas & Electric | \$ 945.11 | \$ - | \$ 945.11 |
| Telephone | \$ 1,862.01 | \$ 537.94 | \$ 2,399.95 |
| Water | \$ 186.24 | \$ - | \$ 186.24 |
| Other Utilities | \$ - | \$ - | \$ - |
| TOTAL Utilities | \$ 6,468.81 | \$ 767.35 | \$ 7,236.16 |

| | | | |
|---------------------------------|-----------|--------------|--------------|
| Wages & Salary | | \$ - | \$ - |
| Gross Pay | \$ 556.39 | \$ 41,365.56 | \$ 41,921.95 |
| Other Wages & Salary | \$ - | \$ 2,336.45 | \$ 2,336.45 |
| Adp Fees | | \$ 298.39 | \$ 298.39 |
| TOTAL Wages & Salary | \$ 556.39 | \$ 43,702.00 | \$ 44,258.39 |

| | | | |
|-----------------------|--------------|--------------|---------------|
| TOTAL EXPENSES | \$ 46,086.29 | \$ 80,127.15 | \$ 126,213.44 |
|-----------------------|--------------|--------------|---------------|

TOTAL DISBURSEMENTS \$126,213.44
NET RECEIPTS (DISBURSEMENTS) FOR THE CURRENT PERIOD \$104,020.36
ENDING BALANCE IN _BROADWAY BANK **34738.9**
(Name of Bank)
ENDING BALANCE IN _____
(Name of Bank)
ENDING BALANCE IN ALL ACCOUNTS

OPERATING REPORT Page 1

EXHIBIT "B"

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

RECEIPTS LISTING

FOR MONTH ENDING January 31, 2009

Bank: BROADWAYBANK
Location:
Account Name: AYA DENTAL
Account No.: 107998701

| <u>DATE RECEIVED</u> | <u>DESCRIPTION</u> | <u>AMOUNT</u> |
|----------------------|--------------------|---------------|
| 01/01/09-01/31/09 | Checks | 203237.6 |
| 01/01/09-01/31/09 | Charge | 14846.65 |
| 01/01/09-01/31/09 | Cash | 13443.45 |

Receipts may be identified by major categories. It is not necessary to list each transaction separately by name of customer or invoice number. You must, however, create a separate list for each bank account to which receipts were deposited during the month.

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

DISBURSEMENT LISTING

Bank: BROADWAYBANK
Location:
Account Name: AYA DENTAL

| Date | Check Number | Description | Amount |
|----------|-----------------|------------------|------------|
| 1/6/2009 | 2179 | Patterson Dental | -143.21 |
| 1/6/2009 | 2180 | Patterson Dental | -2,503.80 |
| 1/7/2009 | 2184 | Addent, LLC | -26,020.00 |

| | | | |
|--------------------|------|-------------------------------------|-----------|
| 1/7/2009 | 2203 | Hazchem Environmental Corporation | -2,260.13 |
| 1/7/2009 | 2204 | **VOID**Ledford Landscape | 0 |
| 1/7/2009 | 2207 | Patterson Dental | -6,824.00 |
| 1/7/2009 | 2209 | At&T | -79.05 |
| 1/7/2009 | 2210 | At&T | -631.84 |
| 1/8/2009 | 2243 | Nicor Gas | -945.11 |
| 1/8/2009 | 2245 | OfficeMax | -545.23 |
| 1/8/2009 | 2247 | Pitney Bowes | -244.27 |
| 1/8/2009 | 2249 | **VOID**Leader Products | 0 |
| 1/8/2009 | 2251 | Leader Products | -191.31 |
| 1/8/2009 | 2252 | **VOID**Deala Fakhouri | 0 |
| 1/8/2009 | 2253 | Deala Fakhouri | -556.39 |
| 1/9/2009 | 2255 | At&T | -1,151.12 |
| 1/12/2009 | 2262 | Dirk Reed | -525 |
| 1/12/2009 | 2263 | Comed | -973.35 |
| 1/12/2009 | 2264 | Direct TV | -76.97 |
| 1/12/2009 | 2272 | Norcomm Public Safety Communication | -165 |
| 1/12/2009 | 2273 | Pitney Bowes | -414 |
| Corporate Expenses | | | -80127.15 |
| OVERALL TOTAL | | | 104020.36 |

You must create a separate list for each bank account from which disbursements were made during the month.

OPERATING REPORT Page 3

IN THE UNITED STATES BANKRUPTCY COURT FOR THE NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____
FOR MONTH ENDING _____, 20__

STATEMENT OF INVENTORY

Beginning inventory \$ _____ N/A _____
Add: purchases \$ _____ N/A _____

Less: goods sold (cost basis) \$ _____ N/A _____

Ending inventory \$ N/A

PAYROLL INFORMATION STATEMENT

Gross payroll for this period **\$ Done Quarterly**

Payroll taxes due but unpaid **\$ Done Quarterly**

STATUS OF PAYMENTS TO SECURED CREDITORS AND LESSORS

| Name of Creditor/ Lessor | Date regular payment is due | Amount of regular payment due | Number of payments delinquent | Amount of payments Delinquent |
|-----------------------------|--------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Broadway Bank | 28th | \$ 1,531.04 | 0 | 0 |
| Broadway Bank | 30th | \$ 4,887.28 | 0 | 0 |
| Key Bank | 3rd | \$ 240.00 | 0 | 0 |

* Include only post-petition payments.

FOR THE NORTHERN DISTRICT OF ILLINOIS
 EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

FOR MONTH ENDING _____, 20__

STATEMENT OF AGED RECEIVABLES

ACCOUNTS RECEIVABLE:

| | | | | |
|----------------------------|----------------------|----------------------|------------------------|------------------------------|
| Beginning of month balance | \$951569.99 | | | |
| Add: Billing Adjustment | \$95636.82 | | | |
| Add: sales on account | \$142920.00 | | | |
| Less: collections | \$231527.70 | | | |
| End of month balance | \$958599.11 | | | |
| 0-30 <u>Days</u> | 31-60 <u>Days</u> | 61-90 <u>Days</u> | Over 90 <u>Days</u> | End of Month <u>TOTAL</u> |
| \$165973.95 | \$48353.96 | \$32142.34 | \$712128.86 | \$958599.11 |

STATEMENT OF ACCOUNTS PAYABLE (POST-PETITION)

| | | | | |
|----------------------------|----------------------|----------------------|------------------------|------------------------------|
| Beginning of month balance | \$ _____ | | | |
| Add: credit extended | \$48155.59 | | | |
| Less: payments of account | \$48155.59 | | | |
| End of month balance | \$ _____ | | | |
| 0-30 <u>Days</u> | 31-60 <u>Days</u> | 61-90 <u>Days</u> | Over 90 <u>Days</u> | End of Month <u>TOTAL</u> |
| \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

ITEMIZE ALL POST-PETITION PAYABLES OVER 30 DAYS OLD ON A SEPARATE
 SCHEDULE AND FILE WITH THIS REPORT

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

FOR MONTH ENDING _____, 20__

TAX QUESTIONNAIRE

Debtors in possession and trustees are required to pay all taxes incurred after the filing of their Chapter 11 petition on an as due basis. Please indicate whether the following post petition taxes or withholdings have been paid currently.

- | | | | |
|----|-----------------------------|---|--|
| 1. | Federal Income Taxes | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 2. | FICA withholdings | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 3. | Employee's withholdings | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 4. | Employer's FICA | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 5. | Federal Unemployment Taxes | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 6. | State Income Tax | Yes (<input type="checkbox"/>) | No (<input checked="" type="checkbox"/>) |
| 7. | State Employee withholdings | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 8. | All other state taxes | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |

If any of the above have not been paid, state below the tax not paid, the amounts past due and the date of last payment.

OPERATING REPORT Page 6

| <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Case 1:04-cv-01159 Document 1-1 Filed 05/25/05 Page 8 of 9 Case 1:04-cv-01159 Document 1-1 Filed 05/25/05 Page 8 of 9 </div> <div style="text-align: center; font-weight: bold; margin-top: 5px;"> Do not attach this Notice to your Return </div> | | |
|---|---|---|
| TO | District Director, Internal revenue Service Attn: Chief, Special Procedures Function | |
| FROM: | <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Name of Taxpayer</div> <div style="border-bottom: 1px solid black;">Taxpayer Address</div> | |
| <p>The following information is to notify you of Federal tax deposit(s)(FTD) as required by the United States Bankruptcy Court (complete sections 1 and/or 2 as appropriate):</p> | | |
| Section 1 Taxes Reported on Form 941, Employer's Quarterly Federal Tax Return | <div style="text-align: center;">Form 941 Federal Tax Deposit (FTD) Information</div> <div style="text-align: right; margin-top: 10px;">for the payroll period from _____ to _____</div> <div style="text-align: right; margin-top: 5px;">Payroll date _____</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Gross wages paid to employees \$ _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Income tax withheld \$ _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Social Security (Employer's plus Employee's share of Social Security Tax) \$ _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Tax Deposited \$ _____ </div> <div style="margin-top: 10px;">Date Deposited _____</div> | |
| Section 2 Taxes Reported on Form 940, Employer's Annual Federal Unemployment Tax Return | <div style="text-align: center;">Form 940 Federal Tax Deposit (FTD) Information</div> <div style="text-align: right; margin-top: 10px;">for the payroll period from _____ to _____</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Gross wages paid to employees \$ _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Tax Deposited \$ _____ </div> <div style="margin-top: 10px;">Date Deposited _____</div> | |
| <div style="text-align: center;">Certification</div> <div style="text-align: center; font-weight: bold; margin-bottom: 5px;">(Certification is limited to receipt or electronic transmittal of deposit only)</div> <p>This certifies receipt or electronic transmittal of deposits described below for Federal taxes as defined in Circular E, Employer's Tax Guide (Publication 15)</p> | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 25%;">Deposit Method (check box)</div> <div> <input type="checkbox"/> Form 8109/8109B Federal Tax Deposit (FTD) coupon <input type="checkbox"/> Electronic Federal Tax Payment System (EFTPS) Deposit </div> </div> | | |
| Amount (Form 941) | Date of Deposit | EFTPS acknowledgment number or Form 8109 FTD received by: |
| Amount (Form 940) | Date of Deposit | EFTPS acknowledgment number or Form 8109 FTD received by: |
| Depositor's Employer Identification Number: | | Name and Address of Bank |
| <p>Under penalties of perjury, I certify that the above federal tax deposit information is true and correct</p> | | |
| <div style="display: flex; justify-content: space-between;"> Signed: _____ Date: _____ </div> | | |

DATED: 6.15.09

Print or type name and capacity of
person signing this Declaration:

For the Debtor In Possession (Trustee)
R. A. ...

I, Husam Al-Dar, acting as the duly authorized agent for
the Debtor in Possession (Trustee) declare under penalty of perjury under the laws of the United
States that I have read and I certify that the figures, statements, disbursement itemizations, and
account balances as listed in this Monthly Report of the Debtor are true and correct as of the date of
this report to the best of my knowledge, information and belief.

DECLARATION UNDER PENALTY OF PERJURY

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: Dental Profile, Inc

CASE NO. 08-17148

SUMMARY OF CASH RECEIPTS AND CASH DISBURSEMENTS

For Month Ending February 28, 2009 Dental Profile

BEGINNING BALANCE IN ALL ACCOUNTS

\$ 31,843.99

Dental Profile Corporate Total

RECEIPTS:

| | | | |
|-----------------------------|---------------|--|-----------|
| 1. Receipts from operations | \$ 122,365.48 | | 122365.48 |
| 2. Other Receipts | | | 0 |

DISBURSEMENTS:

0

| | | | |
|------------------|-------------|--------------|--------------|
| Accounting | \$ - | \$ 626.09 | \$ 626.09 |
| association fee | \$ - | \$ - | \$ - |
| Bank Fees | \$ - | \$ 45.83 | \$ 45.83 |
| car payment | \$ - | \$ 657.69 | \$ 657.69 |
| credit card | \$ - | \$ 10,904.99 | \$ 10,904.99 |
| Dental supplys | \$ - | \$ - | \$ - |
| Insurance | \$ - | \$ 3,743.30 | \$ 3,743.30 |
| Labaratory | \$ 219.90 | \$ 4,441.95 | \$ 4,661.85 |
| Loan | \$ - | \$ 8,213.38 | \$ 8,213.38 |
| Maintenance | \$ 1,856.30 | \$ 92.25 | \$ 1,948.55 |
| Medical products | \$ - | \$ 2,269.07 | \$ 2,269.07 |
| Medical supplies | \$ 153.72 | \$ - | \$ 153.72 |
| Misc | \$ - | \$ 3,464.72 | \$ 3,464.72 |
| Office products | \$ 1,938.82 | \$ - | \$ 1,938.82 |
| Postage | \$ 668.82 | \$ 50.06 | \$ 718.88 |
| Printed supplys | \$ - | \$ - | \$ - |
| Refund | \$ 67.70 | \$ - | \$ 67.70 |

| | | | |
|---------------------------------|---------------------|---------------------|----------------------|
| Rent | \$ 26,020.00 | \$ 2,621.57 | \$ 28,641.57 |
| Supplies | \$ - | \$ 73.50 | \$ 73.50 |
| Ticket | \$ - | \$ - | \$ - |
| Transfer | \$ - | \$ - | \$ - |
| Utilities | | \$ - | \$ - |
| Cable TV | \$ - | \$ - | \$ - |
| drinking water | \$ - | \$ - | \$ - |
| Electricity | \$ - | \$ 386.65 | \$ 386.65 |
| Garbage & Recycling | \$ 816.66 | \$ 181.38 | \$ 998.04 |
| Gas & Electric | \$ - | \$ - | \$ - |
| Telephone | \$ - | \$ 379.30 | \$ 379.30 |
| Water | \$ - | \$ - | \$ - |
| Other Utilities | \$ - | \$ - | \$ - |
| TOTAL Utilities | \$ 816.66 | \$ 947.34 | \$ 1,764.00 |
| Wages & Salary | | \$ - | \$ - |
| Gross Pay | \$ - | \$ 31,794.72 | \$ 31,794.72 |
| Other Wages & Salary | \$ - | \$ 3,040.39 | \$ 3,040.39 |
| Adp Fees | | \$ 173.85 | \$ 173.85 |
| TOTAL Wages & Salary | \$ - | \$ 35,008.95 | \$ 35,008.95 |
| TOTAL EXPENSES | \$ 31,741.92 | \$ 73,160.69 | \$ 104,902.61 |

TOTAL DISBURSEMENTS

\$104,902.61

NET RECEIPTS (DISBURSEMENTS) FOR THE CURRENT PERIOD

\$
17,462.87

ENDING BALANCE IN _BROADWAY BANK
(Name of Bank)

15966.76

ENDING BALANCE IN _____
(Name of Bank)

ENDING BALANCE IN ALL ACCOUNTS

OPERATING REPORT Page 1

EXHIBIT "B"

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

RECEIPTS LISTING

FOR MONTH ENDING February 28, 2009

Bank: BROADWAYBANK

Location:

Account Name: AYA DENTAL

Account No.: 107998701

| <u>DATE RECEIVED</u> | <u>DESCRIPTION</u> | <u>AMOUNT</u> |
|----------------------|--------------------|---------------|
| 01/01/09-01/31/09 | Checks | 101782.59 |
| 01/01/09-01/31/09 | Charge | 11432.99 |
| 01/01/09-01/31/09 | Cash | 9149.90 |

TOTAL:122365.48

Receipts may be identified by major categories. It is not necessary to list each transaction

separately by name of customer or invoice number. You must, however, create a separate list for each bank account to which receipts were deposited during the month.

OPERATING REPORT Page 2

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

DISBURSEMENT LISTING

FOR MONTH ENDING February 28, 2009

Bank: BROADWAYBANK

Location:

Account Name: AYA DENTAL

Account No.: 107998701

| Date | Check Number | Description | Amount |
|-----------|--------------|------------------------------------|-----------|
| 2/2/2009 | 2414 | Pitney Bowes | -414 |
| 2/3/2009 | 2446 | Allied Waste Services | -816.66 |
| 2/4/2009 | 2454 | Doral Dental | -42.7 |
| | | | - |
| 2/4/2009 | 2475 | Addent, LLC | 26,020.00 |
| 2/9/2009 | 2478 | Dynamic Automation, Inc | -605 |
| 2/12/2009 | 2504 | OfficeMax | -999.94 |
| 2/18/2009 | 2518 | Keith Moberly | -25 |
| 2/18/2009 | 2532 | American Medical & Dental Supplies | -153.72 |
| 2/18/2009 | 2533 | Dynamic Automation, Inc | -1,251.30 |
| 2/18/2009 | 2537 | AOA | -219.9 |
| 2/18/2009 | 2548 | Pitney Bowes | -254.82 |
| 2/25/2009 | 2577 | OfficeMax | -938.88 |
| | | Corporate Expenses | -73160.69 |

| | |
|---------------------|------------|
| Total Disbursements | -104902.61 |
|---------------------|------------|

You must create a separate list for each bank account from which disbursements were made during the month.

OPERATING REPORT Page 3

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____
FOR MONTH ENDING _____, 20__

STATEMENT OF INVENTORY

| | |
|----------------------------------|--------------------|
| Beginning inventory | \$ _____ N/A _____ |
| Add: purchases | \$ _____ N/A _____ |
| Less: goods sold (cost basis) | \$ _____ N/A _____ |
| Ending inventory | \$ _____ N/A _____ |

PAYROLL INFORMATION STATEMENT

| | |
|-------------------------------|--------------------------|
| Gross payroll for this period | \$ Done Quarterly |
| Payroll taxes due but unpaid | \$ Done Quarterly |

STATUS OF PAYMENTS TO SECURED CREDITORS AND LESSORS

| Name of Creditor/ Lessor | Date regular payment is due | Amount of regular payment due | Number of payments delinquent | Amount of payments Delinquent |
|-----------------------------|--------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Broadway Bank | 28th | \$ 1,403.45 | 0 | 0 |
| Broadway Bank | 30th | \$ 4,480.00 | 0 | 0 |
| Key Bank | 3rd | \$ 220.00 | 0 | 0 |

* Include only post-petition payments.

OPERATING REPORT Page 4

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____
FOR MONTH ENDING _____, 20____

STATEMENT OF AGED RECEIVABLES

ACCOUNTS RECEIVABLE:

| | | | | |
|----------------------------|-----------------------------|-----------------------------|-------------------------------|-------------------------------------|
| Beginning of month balance | | | | \$958599.11 |
| Less: Billing Adjustment | | | | \$33291.90 |
| Add: sales on account | | | | \$147615.65 |
| Less: collections | | | | \$122365.48 |
| End of month balance | | | | \$950557.32 |
| <u>0-30</u> <u>Days</u> | <u>31-60</u> <u>Days</u> | <u>61-90</u> <u>Days</u> | <u>Over 90</u> <u>Days</u> | <u>End of Month</u> <u>TOTAL</u> |
| \$125206.26 | \$73488.45 | \$32098.66 | \$719763.95 | \$950557.32 |

STATEMENT OF ACCOUNTS PAYABLE (POST-PETITION)

| | | | | |
|----------------------------|-----------------------------|-----------------------------|-------------------------------|-------------------------------------|
| Beginning of month balance | | | | \$ _____ |
| Add: credit extended | | | | \$37026.55 |
| Less: payments of account | | | | \$37026.55 |
| End of month balance | | | | \$ _____ |
| <u>0-30</u> <u>Days</u> | <u>31-60</u> <u>Days</u> | <u>61-90</u> <u>Days</u> | <u>Over 90</u> <u>Days</u> | <u>End of Month</u> <u>TOTAL</u> |

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____

ITEMIZE ALL POST-PETITION PAYABLES OVER 30 DAYS OLD ON A SEPARATE SCHEDULE AND FILE WITH THIS REPORT

OPERATING REPORT Page 5

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

FOR MONTH ENDING _____, 20__

TAX QUESTIONNAIRE

Debtors in possession and trustees are required to pay all taxes incurred after the filing of their Chapter 11 petition on an as due basis. Please indicate whether the following post petition taxes or withholdings have been paid currently.

- | | | | |
|----|-----------------------------|---|--|
| 1. | Federal Income Taxes | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 2. | FICA withholdings | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 3. | Employee's withholdings | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 4. | Employer's FICA | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 5. | Federal Unemployment Taxes | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 6. | State Income Tax | Yes (<input type="checkbox"/>) | No (<input checked="" type="checkbox"/>) |
| 7. | State Employee withholdings | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 8. | All other state taxes | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |

If any of the above have not been paid, state below the tax not paid, the amounts past due and the date of last payment.

OPERATING REPORT Page 6

| | |
|---|---|
| Form 6123 (Rev. 06-97) | Department of the Treasury-Internal Revenue Service Verification of Fiduciary's Federal Tax Deposit |
| Do not attach this Notice to your Return | |
| TO | District Director, Internal revenue Service Attn: Chief, Special Procedures Function |
| FROM: | Name of Taxpayer Taxpayer Address |
| The following information is to notify you of Federal tax deposit(s)(FTD) as required by the United States Bankruptcy Court (complete sections 1 and/or 2 as appropriate): | |
| Section 1 Taxes Reported on Form 941, Employer's Quarterly Federal Tax Return | Form 941 Federal Tax Deposit (FTD) Information for the payroll period from _____ to _____ Payroll date Gross wages paid to employees \$ Income tax withheld \$ Social Security (Employer's plus Employee's share of Social Security Tax) \$ Tax Deposited \$ Date Deposited |
| Section 2 Taxes Reported on Form 940, Employer's Annual Federal Unemployment Tax Return | Form 940 Federal Tax Deposit (FTD) Information for the payroll period from _____ to _____ Gross wages paid to employees \$ Tax Deposited \$ Date Deposited |
| Certification (Certification is limited to receipt or electronic transmittal of deposit only) | |

| | | |
|--|-----------------|---|
| Amount (Form 941) | Date of Deposit | EFTPS acknowledgment number or Form 8109 FTD received by: |
| Amount (Form 940) | Date of Deposit | EFTPS acknowledgment number or Form 8109 FTD received by: |
| Depositor's Employer Identification Number: | | Name and Address of Bank |
| Under penalties of perjury, I certify that the above federal tax deposit information is true and correct | | |
| Signed: | | Date: |
| Name and Title (print or type) | | |

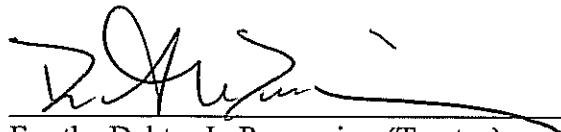
Cat. #43099Z

Form **6123** (rev. 06-97)

IN THE UNITED STATES BANKRUPTCY COURT
 FOR THE NORTHERN DISTRICT OF ILLINOIS
 EASTERN DIVISION

DECLARATION UNDER PENALTY OF PERJURY

I, Husam Al Dairi, acting as the duly authorized agent for the Debtor in Possession (Trustee) declare under penalty of perjury under the laws of the United States that I have read and I certify that the figures, statements, disbursement itemizations, and account balances as listed in this Monthly Report of the Debtor are true and correct as of the date of this report to the best of my knowledge, information and belief.


 For the Debtor In Possession (Trustee)

Print or type name and capacity of
 person signing this Declaration:

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: Dental Profile, Inc CASE NO. 08-17148

SUMMARY OF CASH RECEIPTS AND CASH DISBURSEMENTS

For Month Ending April 30, 2009 Dental Profile

| | | | |
|-----------------------------------|----------------|-------------|---------------|
| BEGINNING BALANCE IN ALL ACCOUNTS | \$ 22,387.90 | | |
| | Dental Profile | Corporate | Total |
| RECEIPTS: | | | |
| 1. Receipts from operations | \$ 178,883.27 | | \$ 178,883.27 |
| 2. Other Receipts | | | \$ - |
| | | | \$ - |
| DISBURSEMENTS: | | | \$ - |
| Accounting Fees | \$ - | \$ 795.98 | \$ 795.98 |
| Bank Fees | \$ - | \$ 222.04 | \$ 222.04 |
| car payment | \$ - | \$ - | \$ - |
| Clothing | \$ - | \$ - | \$ - |
| Collection Agency Fee | \$ 23.34 | \$ - | \$ 23.34 |
| Computer | \$ - | \$ - | \$ - |
| credit card | \$ - | \$ 533.29 | \$ 533.29 |
| Dental supplys | \$ 105.45 | \$ - | \$ 105.45 |
| donation | \$ - | \$ - | \$ - |
| Healthcare | \$ - | \$ - | \$ - |
| Insurance | \$ 169.50 | \$ - | \$ 169.50 |
| Labaratory | \$ 57.70 | \$ 9,061.31 | \$ 9,119.01 |
| Lease | \$ - | \$ - | \$ - |
| Loan | \$ - | \$ - | \$ - |
| Maintenance | \$ 629.90 | \$ - | \$ 629.90 |
| Medical products | \$ - | \$ 318.04 | \$ 318.04 |
| Misc | \$ - | \$ - | \$ - |
| Office products | \$ 2,076.82 | \$ - | \$ 2,076.82 |
| Office Supplies | \$ 623.12 | \$ - | \$ 623.12 |
| Postage | \$ - | \$ - | \$ - |
| Printed supplys | \$ - | \$ - | \$ - |
| Refund | \$ 651.50 | \$ - | \$ 651.50 |
| Rent | \$ 1,040.00 | \$ 2,673.92 | \$ 3,713.92 |
| Supplys | \$ - | \$ 446.35 | \$ 446.35 |
| Utilities | | \$ - | \$ - |
| Cable TV | \$ - | \$ 52.87 | \$ 52.87 |
| drinking water | \$ - | \$ - | \$ - |

| | | | |
|---------------------------------|-------------|--------------|--------------|
| Electricity | \$ - | \$ - | \$ - |
| Garbage & Recycling | \$ 1,124.25 | \$ 145.54 | \$ 1,269.79 |
| Gas & Electric | \$ - | \$ 2,109.90 | \$ 2,109.90 |
| Telephone | \$ 637.86 | \$ 575.88 | \$ 1,213.74 |
| Water | \$ - | \$ - | \$ - |
| TOTAL Utilities | \$ 1,762.11 | \$ 2,884.19 | \$ 4,646.30 |
| Wages & Salary | | \$ - | \$ - |
| Bonus | \$ - | \$ 5,767.99 | \$ 5,767.99 |
| Gross Pay | \$ - | \$ 42,757.03 | \$ 42,757.03 |
| ADP Fees | | \$ 179.03 | \$ 179.03 |
| TOTAL Wages & Salary | \$ - | \$ 48,704.06 | \$ 48,704.06 |
| <hr/> | | | |
| TOTAL EXPENSES | \$ 7,139.44 | \$ 65,639.18 | \$ 72,778.62 |

| | |
|--|-------------------------|
| | \$ |
| TOTAL DISBURSEMENTS | <u><u>72,778.62</u></u> |
| NET RECEIPTS (DISBURSEMENTS) FOR THE CURRENT PERIOD | \$106,104.65 |
| | \$ |
| ENDING BALANCE IN <u>BROADWAY BANK</u> (Name of Bank) | 28,994.95 |
| ENDING BALANCE IN _____ (Name of Bank) | |
| ENDING BALANCE IN ALL ACCOUNTS | |

OPERATING REPORT Page 1

EXHIBIT "B"

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

RECEIPTS LISTING

FOR MONTH ENDING April 30, 2009

Bank: BROADWAYBANK
Location:
Account Name: AYA DENTAL

Account No.: 107998701

| <u>DATE RECEIVED</u> | <u>DESCRIPTION</u> | <u>AMOUNT</u> |
|----------------------|--------------------|---------------|
| 01/01/09-01/31/09 | Checks | 152397.64 |
| 01/01/09-01/31/09 | Charge | 18425.88 |
| 01/01/09-01/31/09 | Cash | 8059.75 |

TOTAL:178883.27

Receipts may be identified by major categories. It is not necessary to list each transaction separately by name of customer or invoice number. You must, however, create a separate list for each bank account to which receipts were deposited during the month.

OPERATING REPORT Page 2

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

DISBURSEMENT LISTING

FOR MONTH ENDING April 30, 2009

Bank: BROADWAYBANK

Location:

Account Name: AYA DENTAL

Account No.: 107998701

| Date | Check Number | Description | Amount |
|---------------------|--------------|-----------------------------------|-----------|
| 4/7/2009 | 2888 | Blue Cross Blue Sheild | -175 |
| 4/8/2009 | 2891 | ATG | -23.34 |
| 4/14/2009 | 2932 | OfficeMax | -306.81 |
| | | | -93.8 |
| | | | -699.66 |
| 4/14/2009 | 2935 | Humana | -319.5 |
| 4/14/2009 | 2938 | Hazchem Environmental Corporation | -164.85 |
| 4/14/2009 | 2941 | Staples | -623.12 |
| 4/21/2009 | 2969 | At&T | -637.86 |
| 4/21/2009 | 2972 | American Family Insurance | -169.5 |
| 4/22/2009 | 2994 | OfficeMax | -976.55 |
| 4/22/2009 | 2996 | AOA | -57.7 |
| 4/22/2009 | 2999 | Medical Oxygen | -105.45 |
| 4/22/2009 | 3003 | Hazchem Environmental Corporation | -164.85 |
| | | | -164.85 |
| | | | -52.5 |
| | | | -164.85 |
| 4/22/2009 | 3005 | Sears & Anderson | -629.9 |
| 4/24/2009 | 3016 | Richard Polchaire | -157 |
| | | | - |
| 4/30/2009 | 3043 | Addent, LLC | 1,040.00 |
| 4/30/2009 | 3053 | Stericycle | -247.5 |
| 4/30/2009 | 3056 | Hazchem Environmental Corporation | -164.85 |
| | | Corporate Expenses | -65639.18 |
| Total Disbursements | | | -72778.62 |

You must create a separate list for each bank account from which disbursements were made during the month.

OPERATING REPORT Page 3

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____

CASE NO.: _____

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____
FOR MONTH ENDING _____, 20__

STATEMENT OF AGED RECEIVABLES

ACCOUNTS RECEIVABLE:

| | | | | |
|----------------------------|-----------------------------|-----------------------------|-------------------------------|-------------------------------------|
| Beginning of month balance | | \$923848.93 | | |
| Add: Billing Adjustment | | \$90676.21 | | |
| Add: sales on account | | \$152946.19 | | |
| Less: collections | | \$178883.27 | | |
| End of month balance | | \$988588.06 | | |
| <u>0-30</u> <u>Days</u> | <u>31-60</u> <u>Days</u> | <u>61-90</u> <u>Days</u> | <u>Over 90</u> <u>Days</u> | <u>End of Month</u> <u>TOTAL</u> |
| \$232790.49 | \$64504.49 | \$14624.31 | \$676668.77 | \$988588.06 |

STATEMENT OF ACCOUNTS PAYABLE (POST-PETITION)

| | | | | |
|----------------------------|-----------------------------|-----------------------------|-------------------------------|-------------------------------------|
| Beginning of month balance | | \$ _____ | | |
| Add: credit extended | | \$47249.24 | | |
| Less: payments of account | | \$47249.24 | | |
| End of month balance | | \$ _____ | | |
| <u>0-30</u> <u>Days</u> | <u>31-60</u> <u>Days</u> | <u>61-90</u> <u>Days</u> | <u>Over 90</u> <u>Days</u> | <u>End of Month</u> <u>TOTAL</u> |
| \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

ITEMIZE ALL POST-PETITION PAYABLES OVER 30 DAYS OLD ON A SEPARATE
SCHEDULE AND FILE WITH THIS REPORT

OPERATING REPORT Page 5

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

FOR MONTH ENDING _____, 20__

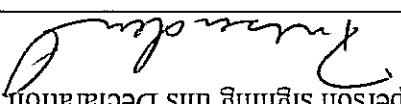
TAX QUESTIONNAIRE

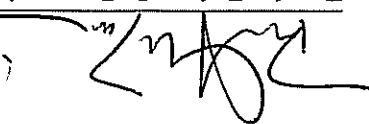
Debtors in possession and trustees are required to pay all taxes incurred after the filing of their Chapter 11 petition on an as due basis. Please indicate whether the following post petition taxes or withholdings have been paid currently.

- | | | | |
|----|-----------------------------|---|--|
| 1. | Federal Income Taxes | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 2. | FICA withholdings | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 3. | Employee's withholdings | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 4. | Employer's FICA | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 5. | Federal Unemployment Taxes | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 6. | State Income Tax | Yes (<input type="checkbox"/>) | No (<input checked="" type="checkbox"/>) |
| 7. | State Employee withholdings | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 8. | All other state taxes | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |

If any of the above have not been paid, state below the tax not paid, the amounts past due and the date of last payment.

| | | |
|--|---|---|
| Form 6123 (Rev. 06-97) | Department of the Treasury-Internal Revenue Service Verification of Fiduciary's Federal Tax Deposit | |
| Do not attach this Notice to your Return | | |
| TO | District Director, Internal revenue Service Attn: Chief, Special Procedures Function | |
| FROM: | Name of Taxpayer | |
| | Taxpayer Address | |
| The following information is to notify you of Federal tax deposit(s)(FTD) as required by the United States Bankruptcy Court (complete sections 1 and/or 2 as appropriate): | | |
| Section 1 Taxes Reported on Form 941, Employer's Quarterly Federal Tax Return | Form 941 Federal Tax Deposit (FTD) Information for the payroll period from _____ to _____ Payroll date Gross wages paid to employees \$ _____ Income tax withheld \$ _____ Social Security (Employer's plus Employee's share of Social Security Tax) \$ _____ Tax Deposited \$ _____ Date Deposited _____ | |
| Section 2 Taxes Reported on Form 940, Employer's Annual Federal Unemployment Tax Return | Form 940 Federal Tax Deposit (FTD) Information for the payroll period from _____ to _____ Gross wages paid to employees \$ _____ Tax Deposited \$ _____ Date Deposited _____ | |
| Certification (Certification is limited to receipt or electronic transmittal of deposit only) This certifies receipt or electronic transmittal of deposits described below for Federal taxes as defined in Circular E, Employer's Tax Guide (Publication 15) | | |
| Deposit Method (check box) | <input type="checkbox"/> Form 8109/8109B Federal Tax Deposit (FTD) coupon <input type="checkbox"/> Electronic Federal Tax Payment System (EFTPS) Deposit | |
| Amount (Form 941) | Date of Deposit | EFTPS acknowledgment number or Form 8109 FTD received by: |

Print or type name and capacity of
person signing this Declaration:


For the Debtor In Possession (Trustee)


I, Husam Al Dairi, acting as the duly authorized agent for the Debtor in Possession (Trustee) declare under penalty of perjury under the laws of the United States that I have read and I certify that the figures, statements, disbursement itemizations, and account balances as listed in this Monthly Report of the Debtor are true and correct as of the date of this report to the best of my knowledge, information and belief.

DECLARATION UNDER PENALTY OF PERJURY

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

Cat. #43099Z Form 6123 (rev. 06-97)

| | | | | | |
|--|--|---|--|--------------------------|--|
| Amount (Form 940) | | Depositor's Employer Identification Number: | | Name and Address of Bank | |
| Date of Deposit | | EFTPS acknowledgment number or Form 8109 FTD received by: | | | |
| Under penalties of perjury, I certify that the above federal tax deposit information is true and correct | | | | | |
| Signed: | | Date: | | | |
| Name and Title (print or type) | | | | | |